

L12000102622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

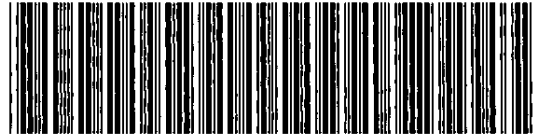
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

NOV 14 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Delitza Construction Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delitza Villanuel - Levasay  
Name of Person

Related Construction Services, LLC  
Firm/Company

28 W Flager St. Ste. 500  
Address

Miami FL 33130  
City/State and Zip Code

delitza@relatedconstruction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delitza at (305) 300 9130  
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Related Construction Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/09/2012 and assigned Florida document number 12000102622

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

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**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Delitza Villanuel-Leasay

New Registered Office Address:

28 W. Flagler St. Ste. 500  
*Enter Florida street address*

Miami

City

Florida

33130

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Delitza Villanuel-Leasay*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

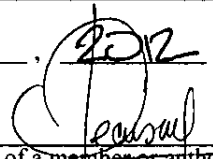
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Delitza	28 W. Flagler St.	<input checked="" type="checkbox"/> Add
	Villanuel-Leasay	St. 500	<input type="checkbox"/> Remove
		Miami FL 33130	
MGR	Ain Leasay	28 W. Flagler St.	<input type="checkbox"/> Add
		St. 500	<input checked="" type="checkbox"/> Remove
		Miami FL 33130	
MGR	Aime Leasay	28 W. Flagler St.	<input checked="" type="checkbox"/> Add
		St. 500	<input checked="" type="checkbox"/> Remove
		Miami FL 33130	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 31, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Delitza Villarreal-Lecusay  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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