

L12000103080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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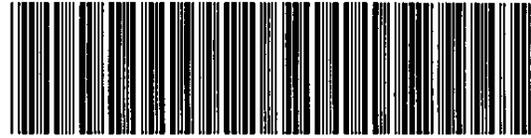
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JUN 13 2014  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Designer 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:

**Mitchell W Tetman**

Name of Person

**Designer Construction Services LLC**

Firm/Company

**143 Timber Ct**

Address

**Destin, Florida 32451**

City/State and Zip Code

**mitchell@designerconstructionservicesllc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mitchell W Tetman**

Name of Person

at **850 240-0857**

Area Code

Daytime Telephone Number

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



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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Casey M Tetman	143 Timber Ct	<input type="checkbox"/> Add
		Destin Florida 32541	<input checked="" type="checkbox"/> Remove
MGRM	Ryan Ludlow	333 Pipers Landing Rd	<input type="checkbox"/> Add
		Defuniak Springs, Florida 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 3, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Mitchell W Tetman**  
\_\_\_\_\_  
Typed or printed name of signee

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