L130000022112

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COVER LETTER

TO: **Registration Section Division of Corporations**

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Dallas 1 Construction Services, LLC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Bart Azzarelli Jr.		
Name of Person		
Dallas 1 Construction Services, LLC Firm/Company		
P.O., BOX 249	2013 HAY SLORET	
Thonotosassa, FL 33592	HAY 16 RETAR	
City/State and Zip Code bart. azzarcili@d1cd. com E-mail address: (to be used for future annual report notification)	PH 3	n C
on concerning this matter, please call:		

For further information concerning this matter, please call:

Bart Azzarelli Jr at (813) 376.6768 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



□\$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

Dallas 1 Construction Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>7eb. 11, 2013</u> and assigned Florida document number ______L13000022112_

This amendment is submitted to amend the following:

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

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)			
	AH	MA	Th
	TARY ASSE	9 I A	
Enter new mailing address, if applicable:	 <u>mo</u>		- (TT)
(Mailing address MAY BE A POST OFFICE BOX)			
	NALC NALC	444	** .= *
		100	

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:		
New Registered Office Address:		
<u> </u>	Enter Florida street address	
	, Florida	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
M <u>GRM</u>	Michael Lewis	25953 Bush Court Wesley Chapel, FL 33544	Add
			🗌 Add
			Remove
			ARY OF STATE
			Remove
			Add
			Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 13, 2013. Signature of a member or authorized representative of a member Bart Azzarelli Azzarelli, Jr. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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