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MAY 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Design & Construction Innovations 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:

CJ Galvis
Name of Person
Design & Construction Innovations LLC
Firm/Company
19337 Shumard Oak Dr., Suite 101
Address
Land O'Lakes FL 34638
City/State and Zip Code
cjgalvis@dcinnovations.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CJ Galvis at (813) 813-384-0881
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Design & Construction Innovations 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 06/24/2013 and assigned
Florida document number L13000091075.

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 contain 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)

19337 Shumard Oak Dr., Suite 101

Land O'Lakes FL 34638

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19337 Shumard Oak Dr., Suite 101

Land O'Lakes FL 34638

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:

CJ Galvis

New Registered Office Address:

19337 Shumard Oak Dr., Suite 101

Enter Florida street address

Land O'Lakes

, Florida 34639

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Roberto Saez		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19337 Shumard Oak Dr., Suite 101	<input checked="" type="checkbox"/> Change
MGR	Julie M. Cabral		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19337 Shumard Oak Dr., Suite 101	<input checked="" type="checkbox"/> Change
MGR	Camilo J Galvis		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19337 Shumard Oak Dr., Suite 101	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 5, 2017, _____

Typed or printed name of signee