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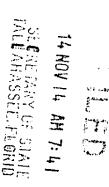
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J. Shivers NOV 2 1 2014

COVER LETTER

	gistration Section ision of Corpor		14	
SUBJECT:	D F D CON	ISTRUCTION GROU	P, LLC.	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return	all corresponde	ence concerning this matter t	o the following:	
		REGINA MEDEIROS	3	
			Name of Person	''
		CSG - CAPITAL SER	RVICES GROUP INC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		446 W HILLSBORO	BLVD	
			Address	
		DEERFIELD BEACH	l, FL 33433	
			City/State and Zip Code	
	-	REGINA@THEWAYG		
		E-mail address: (to	be used for future annual report notification	ation)
For further in	formation conc	erning this matter, please cal	ll:	
REGINA	MEDEIROS		954 427-4770	
	Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a	check for the f	ollowing amount:		
□ \$25.00 F	iling 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

D F D CONSTRUCTION GROUP, 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 Liabi	ility Company were filed on 03/05/2014	and assigned
Florida document number L14000037058	•	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the work	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address , Florida	AND NOV I WAR
-	City , Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	68 7
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	and complete performance of my duties, and I a red agent as provided for in Chapter 605, F.S. (istered office address, I hereby confirm that the	m familiar with and Or, if this document is

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>	Address	Type of Action
AMBR	FLAVIO B ARAUJO	15401 62ND PL N	A dd
		LOXAHATCHEE, FL 33470	□ Remove
	,		Remove
 	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
	·		Add
			Remove ARE ARE ARE SEE
	<u></u>		SSEE Add Fremove
			□ Remove

If amending any other information, enter ch	tange(s) here: (Attach additional sheets, if necessary.)
· · · · ·	
······································	
Effective date, if other than the date of filling	c of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	
Dated NOVEMBER 10	2014
Dated,	•
Surpling Advers	7.
Signature of a n	nember or authorized representative of a member
CAROLINA NAVARRO	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

