## L150000 85207

	(Requestor's Name)	
	(Address)	
	(Address)	
·	(City/State/Zip/Phone	#)
PICK-U	JP WAIT	MAIL
<del></del>	(Business Entity Name	e)
	(Document Number)	
Certified Copies	Certificates of	of Status
Special Instruction	ns to Filing Officer:	
į		
	C	
mond	form	
-	Office Use Only	,



800287086448

06/21/16--01010--008 \*\*35.00



**S Warren**JUL 1 5 2016



June 22, 2016

FRANTZY SILLERY 1245 NW 51 TERR MIAMI, FL 33142

SUBJECT: DESIGN BUILT MANAGEMENT LLC

Ref. Number: L15000085207

We have received your document for DESIGN BUILT MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 716A00013177

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: DES	gn built MA Name of Limi	IN AGEMENT LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	FEANTZG	Sillery · Name of Person	
	DESIGN	built MANAGEME Firm/Company	nt uc
	1245 N	USI TERRACE Address	
		City/State and Zip Code	
	E-mail address (	12 6 GMA: C.CUM to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
FRANTZY S	Person	at (186') 287 - 90 Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

DESIGN built MANAGE	ment LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records	<u>.</u> )
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1500085207</u> .	vere filed on <u>5 - 13 - 20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
-		. , <u>sa</u>
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	ortheabbrevittion "Labor"
Enter new principal offices address, if applicable:		The same to the sa
(Principal office address MUST BE A STREET ADDRESS)		12 F M
	•	F A D
Enter new mailing address, if applicable:	At Fall water	Dm ω
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, an covided for in Chapter 605, l	d I am familiar with and F.S. Or, if this document is
	•	

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 Title Title <u>Name</u> Address **Type of Action** DiEUMAitra Sillary PSD 1245 NW 51 FER MIAMIFL 33142 Add □ Remove \_□ Change \_□ Add □ Remove \_□ Change \_□ Remove \_□ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove 园 Change [ SEE A

☐ Change

7					_
					_
		•		,	
					_
		• • • • • • • • • • • • • • • • • • • •			
			<u>.</u>		
		•			_
			•		
		<u></u>	· · · · · · · · · · · · · · · · · · ·		
ote: If the date inserted in	date must be specific and canno this block does not meet the n the Department of State's	ne applicable statutory fili records.	ng requirements, thi	s date will not be l	605.0 isted
		but not an effective	time, at 12.01 a	a.m. on the ea	rliei
The 90th day after th		but not an effective	time, at 12.01 c	a.m. on the ea	rliei
The 90th day after th	ne record is filed.	016.		a.m. on the each	rlier
The 90th day after th	ne record is filed.	t		33-20 33-20 100-100 100	rlier
e record specifies a de The 90th day after th ated <u> </u>	ne record is filed. , Z Signature of a member	er orbuithorized representation		SON AND CONTROL OF THE PROPERTY OF THE PROPERT	rlier
The 90th day after th	ne record is filed.	016.		20 20 20 20 20 20 20 20 20 20 20 20 20 2	

Filing Fee: \$25.00