L150000 95188

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co			
Pienza Ver	di Enterprises, LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dennis Green		
		Name of Person	
	Pienza Verdi Enterprises,	LLC	
		Firm/Company	
	2440 Dunlin Dunes Pl #10	8	
	,	Address	
	Tampa, FL 33619		
		City/State and Zip Code	·
	dennisdgreenjr@yahoo.con		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Dennis Green		470 774-1288 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he 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

(Name of the Lim	ited Liability Compa	iny as it now appears on our records. Liability Company))			
The Articles of Organization for this Limited I Florida document number L15000095188			and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
D.G. Structural Consultants, LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		2440 Dunlin Dunes Pl				
		Unit #108				
	_	Tampa, FL 33619				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2440 Dunlin Dunes Pl Unit 108				
		Tampa, FL 33619				
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			enter the name of the			
New Registered Office Address:	2440 Dunlin Du	unes Pl, Unit #108				
-		Enter Florida street address	9 -			
	Tampa	, Flor				
		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:

<u> itle</u>	<u>Name</u>	Address	Type of Action
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ed September 11	/	<i>i</i> ,	——//—	· /l						
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Typed or printed name of signee

Filing Fee: \$25.00