215000146167

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Statu	ıs		
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02/16/16--01016--024 **25.00



K.SALY EXAMINER FEB 16

COVER LETTER

	Registration Sec Division of Corp						
CHD IEC		TRUCTION SERVICES LLC		•			
Name of Limited Liability Company							
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		SPIRIDON LEGAKIS					
			Name of Person				
		DCR CONSTRUCTION S	SERVICES LLC				
			Firm/Company	······································			
		4924 ALFRESCO ST.					
			Address				
	BOCA RATON FL33428						
	City/State and Zip Code ROYCESL@LIVE.COM						
			to be used for future annual report notif	ication)			
For furthe	r information co	oncerning this matter, please ca	ali:				
SPYRIDO	ON LEGAKIS		561 852-0110 at ()				
	Name of	Person		: Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	0 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

2016 FEB 16 PM 4: 20
TALLAMASSEE TE STATE

DCR CONSTRUCTION SERVICES 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 8/26/2015	and assigned
Florida document number L15000146167		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
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:	LUCILLE LEGAKIS	
(Principal office address MUST BE A STREET ADDRESS)	4924 ALFRESCO ST.	
	BOCA RATON FL 33428	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	· -
	Enter Florida street address	
	, Flori	da Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and borovided for in Chapter 605, F.S	I am familiar with and 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUCILLE LEGAKIS	4924 ALFRESCO ST. BOCA RAT	₩ Add
			Remove
			Change
MGR	SPYRIDON LEGAKIS	4924 ALFRESCO ST. BOCA RAT	Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
AMBR	SRYRIDON LEGAKIS	4924 ALFRESCO ST. BOCA RAT	
			☐ Remove
			■ Change
			☐ Remove
			Classe C.C. Co.
	<u></u>		AND AND I
			Remove 17
			Add
			□ Remove
			☐ Change