L15000146167

(Re	equestor's Name)	-
(Ac	ddress)	
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(Ci	ity/State/Zip/Phon	e #)
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	gistration Sec vision of Corp		e e e e e e e e e e e e e e e e e e e	, , ,
CHDIECT		TRUCTION SERVICES LLC	· }	
SUBJECT		Name of Limi	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		SPYRIDON LEGAKIS		
			Name of Person	
		DCR CONSTRUCTION S	ERVICES LLC	
			Firm/Company	
		3924 ALFRESCO ST.		
			Address	
		BOCA RATON, FL33428		
			City/State and Zip Code	
		ROYCESL@LIVE.COM		
		E-mail address: (t	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
SPYRIDO	N LEGAKIS		561 239-2856 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 Fec, 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 ARTICLES OF ORGANIZATION **OF**

DCR CONSTRUCTION SERVICES LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for the following formula of the following formula document number L15000146167	iled on 8/26/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here: .
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 PCD
(Principal office address MUST BE A STREET ADDRESS)	
	16 DO 1
	ूं न त
Enter new mailing address, if applicable:	P SIA
(Mailing address MAY BE A POST OFFICE BOX)	DA 45
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	ty Zip Code

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>	Type of Action
MGR	LUCILLE LEGA N S	4924 ALFRESCO ST. BOCA RAT	Add
			Remove
			Change
MGR	IOANNIS LEGAKIS	4924 ALFRESCO ST. BOCA RAT	
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
		- - - - - - - - - - - - - - - - - - -	Remove Change Change Add Remove
			□ Change

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ive date, if other than the date	of filing: APRIL 28,2016	(op	tional)	
fective date is listed, the date must be sport of the date inserted in this block do	ecific and cannot be prior to date of filing ses not meet the applicable statutor	ig or more than 90 days aft	er filing.) Pursuar	
nent's effective date on the Departm	nent of State's records.			
cord specifies a delayed effe	ective date, but not an effect	tive time, at 12:01	a.m. on the	earli
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e 90th day after the record is				
e 90th day after the record is			20	
APRIL 28,2016	alis	ntotiva afa mambas	2016	**************************************
APRIL 28,2016	ture of a member or authorized represe	ntative of a member	2016 MAY -2	

Filing Fee: \$25.00