

L15000146167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

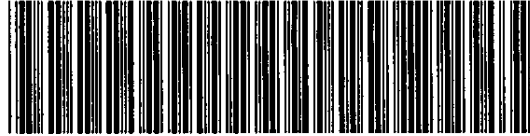
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DCR CONSTRUCTION SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SPYRIDON LEGAKIS

Name of Person

DCR CONSTRUCTION SERVICES LLC

Firm/Company

3924 ALFRESCO ST.

Address

BOCA RATON, FL33428

City/State and Zip Code

ROYCESL@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SPYRIDON LEGAKIS

561 239-2856
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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>	<u>Type of Action</u>
MGR	LUCILLE LEGAKIS	4924 ALFRESCO ST. BOCA RAT	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IOANNIS LEGAKIS	4924 ALFRESCO ST. BOCA RAT	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

IOANNIS LEGAKIS SHALL OWN 95% OF DCR CONSTRUCTION SERVICES LLC

SPYRIDON LEGAKIS SHALL RETAIN 5% OF DCR CONSTRUCTION SERVICES LLC

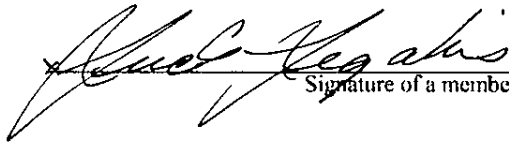
E. Effective date, if other than the date of filing: APRIL 28, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 28, 2016



Signature of a member or authorized representative of a member

LUCILLE LEGAKIS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA