

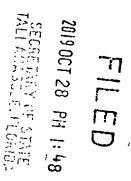
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COVER LETTER

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Registration Section Division of Corporations

TO:

SUBJECT: DI	CONFA CON		. C
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	JULIO	C PABON Name of Person	
		Name of Person	
		Firm/Company	
	10265	NW 32 TER	
	DORAL		
	diconza Ce	City/State and Zip Code outractors @ gmai to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Name c	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
Registi Divisic P.O. Bo	ING ADDRESS: attion Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Cliffon Building 2601 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 \mathcal{L}

DI CONZA CONTRACTORS

(Name of the Limits	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L 160006</u>	•
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applies	ıble:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30.1)
B. If amending the registered agent and/orthe new registered off	
Name of New Registered Agent:	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida
	Cuy 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	MARIA C RUIZ	11630 SW ZAD ST A	APT 107 Add
		Pembroke Pines Fl 33	OZS Remove
			Change
			Remove
			Change
			🗖 Add
			☐ Remove
			Change
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e ctive effect	date, if other than the date of filing: (optional) ve 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 605.02
<u>te:</u> If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
unien	's effective date on the Department of State's records.
he 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the carrier of the record is filed.
ed i	October 25 2019
	ZIH
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00