## L16000085687

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## COVER LETTER

TO: Programme Registration Section Division of Corporations
SUBJECT: DeClue Construction 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:
PODNEY L EDGE Name of Person
DECILE CONSTRUCTION LLC Firm/Company
4340 BUEND VISTALU  Address
City/State and Zip Code  Power Se Class Small Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RODAGE Same of Person at 727 944 - 670Z.  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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 Limited Liability Company as it now		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	npany)	
The Articles of Organization for this Limited Liability Company were filed	on <u>4/38/3016</u> and assign	ned
Florida document number L/60000 85687		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C	7 41
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	7.2	
Trincipul office university (10.5) In A STREET AND RESS.	7	
	P	팔숙든
Enter new mailing address if anniicable	12	STUDIES CORPORATIONS
	2(	44
(Mailing address MAY BE A POST OFFICE BOX)	w mailing address, if applicable:	<del>- 2</del> .
<del></del>		<del></del>
B. If amending the registered agent and/or registered office adding registered agent and/or the new registered office address here:	ress on our records, <u>enter the name of</u>	the new
Name of New Registered Agent:		
New Registered Office Address:	inter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Type of Action Address** Title Name 13304 Shad Berry WAdd MER Frichosencies Lane Hudson FL 34666 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

<del></del>		<u> </u>			
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If an effective date Note: If the dat	if other than the date of is listed, the date must be specie inserted in this block does etive date on the Department	ific and cannot be prior to c s not meet the applicable	late of filing or more than e statutory filing requi	(optional) n 90 days after filing.) Pursua rements, this date will no	int to 605.0207 t be listed as
he record spe The 90th d	cifies a delayed effect ay after the record is f	tive date, but not a filed.	n effective time,	at 12:01 a.m. on the	e earlier of
Dated <u> </u>	14 2 Responsibility	2018_ ~~ 1>			
	Signatur	re of a member or without	ed representative of a m	ember	

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Filing Fee: \$25.00