216000187119

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



400320518944

11/09/18--01010--012 **/5.00

S TALL NOV 28 25.



Gray

COVER LETTER

TO:	Registration Sec Division of Corp			
cup ic		struction LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		John W. Roberts		
			Name of Person	
			Firm/Company	<u>.</u>
		12273 Emerald Coast Park	way Suite 204	
			Address	
		Miramar Beach, FL 32550		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	nll:	
	John Kal	uet	at ()) \$ () () \$ \$ \$ \$	~~~
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	is a check for th	e following amount:		
D S25	.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMA). Construction	LLC.		
(Name of the Limited Lial (A Flor	bility Company as it now appears (rida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	8/18/16	and assi	gned
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here	<u>2</u> :		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the desi	ignation "LLC" or the abl	breviation "L.L	C."
Enter new principal offices address, if applicable:	- :			<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	2	· · · · · · · · · · · · · · · · · · ·	
			04 -9	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-		-Ö .
(Maining undress MAT BE A TOST OFFICE BOX)			2017	
B. If amending the registered agent and/or registered agent and/or the new registered office a	~	our records, <u>enter</u>	the name o	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a street address		
		, Florida	7. 6 .	
	Ciţv		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

Title	<u>Name</u>	Address	Type of Action
AMBR	GanzMaja	81 Alsweed Road DF's, FL 32433	🗹 Add
	•	DF's, FL 32433	□ Remove
			Change
		Add	
			Remove
			Change
		Add	
		□ Remove	
		· · · · · · · · · · · · · · · · · · ·	Change
			D Add
			Remove
		 	Change
			□ Add
			Remove
	<u></u>	Change	
		Add	
			☐ Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	etive date, if other than the date of filing: Oct 15, 18 (optional) 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) E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d OH 15 0. 2018.
	- they store
	Signature of a member or authorized representative of a member
	GAR. L MASON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00