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COVER LETTER

TO:

	gistration Se ision of Cor				
SUBJECT:	DT CONS	TRUCTION SERVICES, LLC			
SOBJECT,		Name of Lin	nited Liability Compa	iny	
The enclosed	l Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Terry Titlman			
		***************************************	Name of Pers	сн	
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Terry Tillman Name of Person DT CONSTRUCTION SERVICES, LLC Firm/Company 7509 N THATCHER AVE Address TAMPA FL 33614 City/State and Zip Code d_(_constructionservices@yahoo.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person at (
			Firm/Compa	ny	
		7509 N THATCHER AVI	2		
	Address				
		TAMPA FL 33614			
				Code	
					Tantian)
For further in	nformation c			аппиаттероті пост	icanon)
Terry Tillma	an			335-9451	
	Name o	f Person		de Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee		Certified C	opy py is enclosed)	Certificate of Status & Certified Copy
	Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	` Re Di Cl 26	egistration Section vision of Corpora ifton Building	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DT CONSTRUCTION SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/17/2016 and assigned Florida document number L16000211008 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) J B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
PRESIDE	DAMIEN MOSLEY	7509 N. THATCHER AVE	■ Add
		TAMPA FL 33614	□ Remove
			☐ Change
P	TERRY TILLMAN	7509 N. THATCHER AVE	□ Add
		TAMPA FL 33614	■ Remove
			□ Change
			Add
			Remove
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ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a	m on the earlier
The 90th day after the record is filed.	in. on the currer
ated November 25. 2016.	17 J

Signature of a member or authorized representative of a member	,
Signature of a member or authorized representative of a member	<u> </u>
Signature of a member or authorized representative of a member A MIRU Typed or printed name of signee	AH 9.

Page 3 of 3

Filing Fee: \$25.00