

L160 00211643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

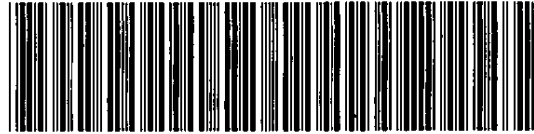
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100296034291

02/27/17--01012--010 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 27 P 12:11

FILED

RECEIVED  
17 FEB 27 AM 11:57

D BRUCE  
FEB 27 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: duigi's 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:

duigi Zezima  
Name of Person  
duigi's CONSTRUCTION LLC  
Firm/Company  
613 Alpha Ave.  
Address  
Tallahassee FL 32305  
City/State and Zip Code  
ZezimaLiann@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 27 P 12:11

FILED

For further information concerning this matter, please call:

duigi Zezima at ( 850 ) 273-3750  
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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  | <input checked="" type="checkbox"/> Change |
|--|--|--|--|

|      |                   |                |                              |
|------|-------------------|----------------|------------------------------|
| AMBR | CHRIS CRONEBERGER | 2415 INWOOD ST | <input type="checkbox"/> Add |
|------|-------------------|----------------|------------------------------|

|  |  |                |                                 |
|--|--|----------------|---------------------------------|
|  |  | Tallahassee FL | <input type="checkbox"/> Remove |
|--|--|----------------|---------------------------------|

|  |  |       |                                 |
|--|--|-------|---------------------------------|
|  |  | 32300 | <input type="checkbox"/> Change |
|--|--|-------|---------------------------------|

|      |              |                         |                              |
|------|--------------|-------------------------|------------------------------|
| AMBR | willian Rayo | 229 John nox Rd Apt: 17 | <input type="checkbox"/> Add |
|------|--------------|-------------------------|------------------------------|

|  |  |                |                                 |
|--|--|----------------|---------------------------------|
|  |  | Tallahassee FL | <input type="checkbox"/> Remove |
|--|--|----------------|---------------------------------|

|  |  |       |                                 |
|--|--|-------|---------------------------------|
|  |  | 32304 | <input type="checkbox"/> Change |
|--|--|-------|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

FILED  
2017 FEB 27 PM 12:11  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 2/27/17 (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 605.02(7)(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

2/27/17

Luigi Zezima

Signature of a member or authorized representative of a member

Luigi ZEZIMA

Typed or printed name of signee

FILED  
2017 FEB 27 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA