160000211643

r's Name)
e/Zip/Phone #)
WAIT MAIL
Entity Name)
nt Number)
Certificates of Status
Officer:

Office Use Only



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

2017 FEB 27 P 12: 11

COVER LETTER

SUBJECT: dua 5 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:	
Lugi Zerma Name of Person	
dugis construction LLC	
613 Alpha Ave.	<u>v</u> 23
Tallahassee Fl 32305	HI FEB 27 P IZ:
Zezimalianno amail. Com E-mail address: (to be used for future annual report notification)	27 P
For further information concerning this matter, please call:	TARE 1
durgi Zerimo at (850) 273-3750 Name of Terimo Area Code Daytime Telephone Number	·
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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 Comp (A Florida Limited	lany as it now appears on our recursis. Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 11/21 17 and assigned
Florida document number 47000211443	,
Florida document number 4 10000 11945	•
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited lia	bility company here:
deann Construction LLC The new name must be distinguishable and contain the words "Limited Liab	vility Company "the designation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words. Elimited Liab	inty Company, the designation letter of the abbreviation letter.
Enter new principal offices address, if applicable:	613 Alpha Ave.
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee Fl 32305
	•
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· .
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 he	
1	201
Name of New Registered Agent:	
New Registered Office Address:	SSS 2
110 W. Hogistered Office / Radioss.	Enter Florida street address
·	City, Florida
	57 -
New Registered Agent's Signature, if changing Registered Agen	<u>E</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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 = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
		·	Remove
			Change
AMBR	Chris Cronet	erger 2413 inwood ST	
	·	Tallahassee Fl	☐ Remove
		_323 46	☐ Change
MBR	William Rayo	229 John nox Rd	•
	/, —	Tallaha SSEE CI	□ Remove
		32304	
			Remove
			ACCORDANGE TO ANALONE AND
 .			ASSEE. OF THE
			REF. FLORIDA
÷			○ Change
· · ·	<u> </u>		D Add
	.		☐ Remove
			Change

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ective date, if other than t	he date of filing:	124/14	Contid	
ective date, it other than the effective date is listed, the date is listed in this let. If the date inserted in this			r more than 90 days after	filing.) Pursuant to 605.02
rument's effective date on the			<i>.</i> ,	SEE SEE
record specifies a delay	ed effective date bu	t not an effectiv	e time lat 12:01 a	on the earlier
record specifies a delay he 90th day after the r	ecord is filed.	t not an enectiv	c (iiiic, at 12.01 t	
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ed <u>210"7117</u>	,	<u> </u>		
<i>X</i> * _ :	7			

Page 3 of 3

Filing Fee: \$25.00