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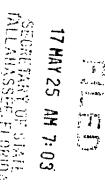
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MAY 25 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dean Bros Construc Name of Limite	AT SIN LLC d Liability Company	······································
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
Derex M.	Sonatace Name of Person	
Dream Br	Sonstruction LCC Firm/Company	
_ 7428 Cass C	Address	, , ,
<u>Scrasol</u>	City/State and Zip Code	
Ullambros Co E-mail address: (to	MStructime amadal report notificati	on)
For further information concerning this matter, please call	:	
Name of Person	at (724) 1(8 2) Area Code Daytime Tel	© D ephone Number
Enclosed is a check for the following amount:		
\$25.00 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

0	F
Name of the Limited Liability Compa	ny as it now appears on our records.) iability Company)
(A Florida Limited I.	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{Z}{1}$ and assigned
Florida document number <u>L/70000 303 04</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguizable and contain the words "Limited Liabil	in Company "the decimation "I I C" on the abharmistics "I I C"
The new name must be distinguit asile and contain the words. Eminted (1801)	A
Enter new principal offices address, if applicable:	7428 Cass Cic
(Principal office address MUST BE A STREET ADDRESS)	Sarasota Fl 34231
	1 0
Enter new mailing address, if applicable:	+428 Cass Cir
(Mailing address MAY BE A POST OFFICE BOX)	Sarasula, FL 34231
	7
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	
	7.
Name of New Registered Agent:	20
New Registered Office Address:	58 3
	Enter Florida street address
	, Florida S
N. P. d	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2 7
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am Jamiliar with and 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.	
îf Chan	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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If amending Authorized Person(s) authorized to manage; enter the title, name, and address of each person being added or removed from our records:

AMBR =	• Authorized N	Member '	१ 10 % ब ० ६५।	
<u>Title</u>	Name		Address	Type of Action
······				Add
	230m2811			Remove
	197V 1 1			☐ Change
	ouer) [[□ Add
	womast 1			
	PPN 1-1			
	460E(F)			Change
	evanost I			Add
	PP V ()		/	Remove
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	<i>च्या</i> चनस्य । ।	/		□ Add
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	onded FT			☐ Change
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·	- 1 Komok [+			□ Remove
	+975 1			☐ Change
	20114 1 1 1			□ Add
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	PPV-L1			☐ Remove
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If amending any other information, enter change(s) her	re: (Attach additional sheets, if necessary.)
•	
	>>
	S 25 25 9000
	= = =
	92 2 3
	7: 03 ORDA
	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 icable statutory filing requirements, this date will not be listed as s.
ne record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of
/ /.	
Dated 5/22/17,	·
Signature of a member or auti	horized representative of a member
	7 .
Terek M.	One tore

Page 3 of 3

Filing Fee: \$25.00