

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CALANDRINO LAW FIRM

Account Number: 120090000062 Phone : (407)621-4200

Fax Number : (407)621-4210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DECKED OUT BUILDERS CONSTRUCTION SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

From: Small Business Counsel

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decked Out Builders Construction	Services LLC		•
(Name of the Limit	ted Liability Company as (A Florida Limited Liabilit	It now appears on our records.) ty Company)	
The Articles of Organization for this Limited L	iability Company were	filed on March 2, 2017	and assigned
Florida document number L17000046780			
his amendment is submitted to amend the following	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability o	ompany here:	
The new name must be distinguishable and contain the w	words "Limited Liability Con	mpany," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
Muiling address MAY BE A POST OFFICE	<u>BOX)</u>		
			
 If amending the registered agent and/ egistered agent and/or the new registered of 	2	address on our records, e	enter the name of the
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Floric	la
	C	ity	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Jeremy Francabandiero	6645 SE 135th Street	
		Summerfield, FL 34491	□ Remove
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific and carnot be prior to ck does not meet the applicable	date of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.020 its, this date will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but not a rd is filed.	an effective time, at 12	:01 a.m. on the earlier o
ated August 18	2017		
		•	
	ARV C.O.	•	
	Signature of a member or authorize	red representative of a member	

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Filing Fee: \$25.00