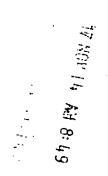
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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NOV 1 5 2017 Y SULKER Cover Letter

Daytime Phone numbers: 407-394-5611
321-287-1052

Return address:

Vanessa Pinto 44 Danielle Ct. St. Cloud, FL 34769

Thank You.

COVER LETTER

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

OC Projects of Constru Clame of the Limited Clability Compa (A Florida Limited I	ny as It now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 47700177058.	were filed on August 21, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DC Projects & Services L The new name must be distinguishable and contain the words "Limited Liabil	LC lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	44 Danielle Ct. St. Cloud, FL 347109	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	44 Danielle Ct. St. Cloud, FL 347 69	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name-of the new
Name of New Registered Agent:		8: 49
New Registered Office Address:	P PT - 12	
	Enter Florida street address	
	, Florida	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Ghizlane Rachiq	1801 Soliders Pass St. Cloud, FL 34769	IS Add
	, , , , , , , , , , , , , , , , , , ,	St. Cloud, FL 34769	Remove
			Change
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_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Member Detail
Add Ghizlane Rachia as a member/manager.
Add Ghizlane Rachiq as a member/manager. She will have ownership in DC Projects &
C i i i o
Services LLC.
Daniel Cruz - 60% ownership
Ghizlane Rachig-40% ownership
Gricion State of the State of t
FEI/EIN 822560148
Pers
<u></u>
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing: (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 605.0207 (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 energines a delayed effective date, but not an effective time at 12:01 a.m. on the english of
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 November 7. 2017. Signature of a member or authorized representative of a member
$\mathcal{O}_{a_{\alpha'},a_{\alpha},a_{\alpha}}(\lambda)$
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member Vane SSA Pinto
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00