117000187891

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S. WARREN OCT 2 0 2017

COVER LETTER

TO: Registration Se Division of Cor	
	TY CONSTRUCTION, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	DUSTAN WHILDEN
	Name of Person
	Firm/Company
	3234 39TH ST N
	Address
	ST. PETERSBURG, FL 33713
	City/State and Zip Code
	D.WHILDEN@YAHOO.COM E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
DUSTAN WHILDEN	727 479-7227 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

GET DUSTY CONSTRUCTION, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{09}{100}$	9/05/2017	and assigned
Florida document number L17000187891			_ 8
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist	ered office address o	n our records enter the	name of the ne
registered agent and/or the new registered office addr	ess here:	n our records, <u>enter the</u>	name of the ne
N. C.V. D. L. L.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	and agree to act in this	canacity I further garee	to comply with th

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

Page 1 of 3

AH II: 50

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>	Address	Type of Action
MGRM	NICHOLAS PEJACK	3234 39TH ST N	= Add
		ST. PETERSBURG, FL 33713	Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
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ectiv	e date, if other than th	e date of fili	ng:	(opti	ional)	
reffec <u>te:</u> If	tive date is listed, the date mi the date inserted in this b	lock does not	nd cannot be prior to date of filing or me meet the applicable statutory filing	ore than 90 days afte g requirements, thi	r filing.) Pursua is date will no	ant to 605. ot be liste
umer	nt's effective date on the I	Department of	State's records.			
reco	rd specifies a delaye	d effective	date, but not an effective ti	me, at 12:01	a.m. on th	e earlie
	00th day after the re					
ad	OCTOBER	1.1	, 2017.			
cu _	OCTOBER	٠.	<u>,</u> .			
	1 Det			- C		
		Signature of	a member or authorized representative	от а тенноет		
	DUSTAN WHILDEN					<u> </u>
			Typed or printed name of signee		SSE SE	•
			Page 3 of 3			

Filing Fee: \$25.00