

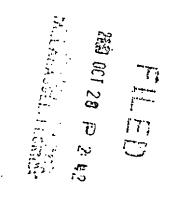
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Division of	n Section Corporations		
SUBJEC		uared Construction, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	ation)
The encl	osed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corre	espondence concerning this matter	to the following:	
		Danny A. Dallaire		
			Name of Person	-
		DL-Squared Construction.	LLC	
		·	Firm/Company	. <u></u>
		9824 Ideal Faine		
			Address	
		Hudson, FL 34667		
		Dan, Dallaire@leveretteknl	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
or furth	er informatio	on concerning this matter, please ca	all:	
Danny A	. Dallaire		860 951-2006 at ()	
	Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	or the following amount:		
□ \$25.0	00 Filing Fee	e S30.00 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:

TO:

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

OL-Squared Construction, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

		d on 3/13/2018 温制 OCT 28 (P) and pa signed
Florida document number L18000065496	,	Halanastil Lounais
This amendment is submitted to amend the following	owing:	a - the court beautiful
A. If amending name, enter the new name of	f the limited liability com	pany here:
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	ny." the designation "LLC" or 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: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		ress on our records, enter the name of the new
Name of New Registered Agent:	Danny A. Dallaire	
New Registered Office Address:	9824 Ideal Lane	
		Enter Florida street address
	Hudson	Florida <u>34667</u>
	City	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 or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jon C. Leverette	1840 Denmark Dr. FLeming Island, FL 32003	
			■ Remove
			Change
MGR	Danny A. Dallaire	18369 Ayelsbury Lane Land O lakes, FL 34638	= Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			□ Remove
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			□ Remove
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Filing Fee: \$25.00