L18000176648

	(Requestor's Name)	
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-	(Address)	
	(City/State/Zip/Phone #)	<u></u>
PICK-UP	P WAIT MA	IL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp	orations			
SUBJECT: FRI	TZPAMPHI	LE CONSTRUCTION ted Liability Company), CONSULTANT I	NVESIMENT
<u></u> _	Name of Limit	ted Liability Company		L. L.C
The anglacust Articles of A	Amendment and fee(s) are sub-	nitted for tiling.		
Please return all correspor	idence concerning this matter t	o the following:		
	FLITZ	DAMPHTLE Name of Person		
		France (7 February)		
		12. 10.		
		Firm/Company		
	<u>931 VIII</u>	asc Sinte DS		
		Address		
	W.P.B	FLORIDA 33 City/State and Zip Code LVFIE gman. Com	3409	
	110 / /	City/State and Zip Code		
	E-mail address: ()	o be used for future Innual report notifi	ication)	
For further information ec	oncerning this matter, please co			
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Fretz Von	Person	at (S61) (S1 - Area Code Daytime	Telephone Number	
Name Of			·	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy	&

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

FRITZ DAMPHILE CONSIDER COUSTANT INVOLVENTS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	bility Company were filed on Tuly	$\frac{23}{2013}$ and assigned
Florida document number <u>L18000176</u>	648.	
This amendment is submitted to amend the follow	ving:	stig.
A. If amending name, enter the new name of t	the limited liability company here:	NIA E E E
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "	1 4 4
Enter new principal offices address, if applical	ble:	* 7
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/o	or registered office address on our rec	ords, enter the name of the new
registered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	Florida Zip Code
	Say.	·· F

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than the neffective date is listed, the date in the term of the date inserted in this cument's effective date on the	block does not n	neet the applicable s	of filing or more than tatutory filing requir	(optional) 90 days after filing.) ements, this date w	Pursuant to 6 fill not be li	05.020 sted a:
record specifies a delay The 90th day after the re	ed effective c ecord is filed.	date, but not an	effective time, a	at 12:01 a.m. o	n the ear	lier o
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ted hrost	9	· <u>2017</u> ·			7 32 11 222 1 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	AUG
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	Signature of a	member of authorized	representative of a me	mber	<u> </u>	_0 _a:
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Filing Fee: \$25.00