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SECRETARY OF STATE ALLIANASSEE, FLORIDA



COVER LETTER

Di	egistration Se vision of Cor			
· contror		ruction Services, LLC		
SUBJECT	:		ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		Roger Post		
		DHC Construction Service	Name of Person	
		1936A Sherwood St	Firm/Company	
		Clearwater, FL 33765	Address	
		rpost@dhcdemo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Roger Post			727 738-4227	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne 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 (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

DHC Construction Services, LLC

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Dire construction between Elec		•	·
(Name of the Limited Liable (A Florid	lity Company as it now app	ars on our records.	
(A Florid	Ja Limited Liability Company	2018 1100	
		- caia MAA	12 P Kuo
ne Articles of Organization for this Limited Liability	Company were filed on	05/29/2019	and assigned
(A Floridation for this Limited Liability of Organization for this Limited Liability of Orida document number L19000136041	company were med on_	SCORUTA	HY OF START
orida document number L19000136041		IALUAHAS	SEE, Flighin
			LOMON
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	nited liability company	here:	
<u> </u>			
ie new name must be distinguishable and contain the words "Lit	mited Liability Company," th	designation "LLC" or	the abbreviation "L.L.C."
_		_	
nter new principal offices address, if applicable:			
bin sign of the state of the st	DECC		
<u>Principal office address MUST BE A STREET ADD</u>	<u>KE33)</u>		
nter new mailing address, if applicable:			
	 	•	· · ·
Mailing address MAY BE A POST OFFICE BOX			
		on our records, <u>e</u>	nter the name of the
		on our records, <u>e</u>	nter the name of the
If amending the registered agent and/or reginglestered agent and/or the new registered office address.		on our records, <u>e</u>	nter the name of the
gistered agent and/or the new registered office add		on our records, <u>c</u>	nter the name of the
		on our records, <u>e</u>	enter the name of the
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gistered agent and/or the new registered office add	dress here:	on our records, <u>e</u>	nter the name of the
gistered agent and/or the new registered office add	dress here:	lorida street address	
gistered agent and/or the new registered office add	dress here:		

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>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Sean Loucas	1936 Sherwood St	
		Clearwater, FL 33765	
			Remove
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n effective date is listed, t te: If the date inserted		and cannot be prior to it meet the applicab	date of filing or more	(optional) than 90 days after filing.) I quirements, this date w	
	delayed effective the record is file		an effective tim	e, at 12:01 a.m. o	n the earlier
ed November 5		2019	-·		
	Signature of	a nember or authori	zed representative of a	ı member	
	V I.	1 / 1			

Page 3 of 3

Filing Fee: \$25.00