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COVER LETTER

TO:

	egistration Se ivision of Cor			
etib tezar		truction Services, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Shannon Stegeman		
			Name of Person	
		DMT Construction Service	es, LLC	
			Firm/Company	
		17262 123rd Ter N		
			Address	
		Jupiter, FL 33478		
			City/State and Zip Code	
		shannon@dmtcon.com		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please co	all:	
Shannon S	tegeman		561 222-7072 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fcc & 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)
	ailing Addres		Street Address: Registration Se	ertion
	_	orporations	Division of Co	
Ρ.	O. Box 632	7	The Centre of 1	Fallahassee
T.	allahassee. I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

100 mm 1 PH 3: 59 DMT Construction Services, LLC (Name of the Limited Liability Company as it now appears on our records.) lorida Limited Linbility Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/30/2020}{1}$ and assigned Florida document number $\frac{1.20000030503}{1.20000030503}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Michael Stegeman Name of New Registered Agent: 17262 123rd Ter N New Registered Office Address: Enter Florida street address Jupiter _, Florida <u>³³⁴⁷⁸</u>

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.

City

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>	Address	Type of Action
AMBR	Michael Stegeman	17262 123rd Ter N Jupiter, FL 33478	\overline Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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			□Add
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			□Change
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			Remove
			□ Change

Effective date, if other than the date of filing: [an effective date is listed, the date of filing or more than 90 days after filing.] Pursuam to 605.0207 (2007) [an effective date is listed the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it locument's effective date on the Department of State's records. [a 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 dis filled. [a date of the date inserted in the date of the date in the date of the date in the date will not be listed as it locument's effective date on the Department of State's records. [a date of the date inserted in the date of the date	ir amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member		Mannon Va
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