120000041767

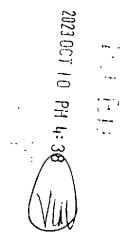
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/10/23--01009--015 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DT Construction LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn Turner Name of Person
- Construction Firm/Company
201 Rose Marie La
Ff. Waiton Bch FL 32548
Deach ife the full comail com E-mail address: (to be used for future annual report portification)
For further information concerning this matter, please call:
Thawn Turner at (85), 855-9713
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status &

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OT Constructs	ba LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 24120 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	202
	00 ** [7
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>고</u> , :
	# · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
4MBR	Kane rumer	201 Rose Marie LA Ft. Water Pich Ft. 32	to Add
			Remove
			□Change
		 	□Add
		- / 	□Remove
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			□Change
			□Add
			□Remove

ffective	date, if other than the date of filing: (optional)
an effecti (ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s I is filed.	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
ated	October 5 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee