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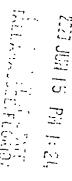
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DBFS Construct	um LLC	
	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michael J	Wood	
Deoign &	Exuld Faculty Solut	tino Inc
8370 W. Hel	• • •	Ste 203
Tompo F	33615 City/State and Zip Code	
	City/State and Zip Code	
inwood (Alolon in the second	buld silution me. c	Im liftcation)
For further information concerning this matter, please e		
Michael Wood	at (13) 505	5200
Name of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
	(additional copy is enclosed)	(additional copy is enclosed)
Mailing Address:	<u>Street Address:</u> Registration So	netion
Registration Section Division of Corporations	Division of Co	rporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of	Tallahassee oe Street, Suite 810
1 ananassec, rt. 32314	Tallahassee, Fl	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

1

DBFS Construction	LIC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	25
The Articles of Organization for this Limited Liability Company	were filed on 430 · 20	and assigned
Florida document number <u>L20000[17 267</u>		ू जि
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab DBFS1 Construction LLC	ility company here:	12
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	8370 W. Hillsbrugg	Are St 203
(Principal office address MUST BE A STREET ADDRESS)	Tompe h	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zıp 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			Change
		- 	□Add
			Remove
			☐ Change ☐ Ci ☐ Add
			☐ ☐Remove
			Change
			□Add
			□Remove
			🗀 Change
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ective date, if other to effective date is listed, the let If the date inserted in	date must be specific to this block does be	and cannot be prior (o date of filing or mo	ore than 90 days after f	iling.) Pursuant to 605.02 date will not be listed:
ument's effective date			and makeny ming	, requirement, min	
cord specifies a delayed	effective date, but a	nat an effective tir	ne at 12:01 a.m. <i>i</i>	on the earlier of: (b)	The 90th day after th
s filed.	the contract of the contract o	ing an encoure to	ne, at 12.01 unit	m me camer (ii. (v)	, ne 27, n ang ana
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ed 6.8.20	5-21				

Filing Fee: \$25.00