## AZI CCC 103 442

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip// Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
r7-19-21
-1100

Office Use Only



900368337309

05/21/21--01031--019 \*\*29.00

21 JUN 21 PH 2: 24

TO: Registration S Division of Co			
SUBJECT: DB	R Constructions L Name of Limi	L C	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brando	n Relts Name of Person	
on the second			
		Firm/Company	
·	1113 N. La	Ke AVE Address	
	Lakeland,	FL 33305 City/State and Zip Code	
		City/State and Zip Code . C432711C @ 001. com to be used for future annual report noti	
For further information	concerning this matter, please ca	all:	
Brandon	Be. It's	at ( <u>363</u> ) <u>60 z. 4</u> Area Code Daytim	2. O C
Name	or Person	Mea Code Tayun	e Telephone Number
Enclosed is a check for	the following amount:		
区 \$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)
<u>Mailing Addro</u>		Street Address:	
Registration		Registration Se	
	Corporations	Division of Cor	•
P.O. Box 63	<u> </u>	The Centre of I	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Tallahassee, FL 32314

## TO ARTICLES OF ORGANIZATION OF

DBR Construct	ion LLC	21 III 21 P	н 2: 24
DBR Constructi ( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000103443</u> .	npany were filed on		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the do	esignation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		- 1-	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ffice address on our re	ecords, 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 Flori	ida street address	<del></del>
		, 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 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 Membe

AMBR = Authorized Member			Proceedings of the Control of the Co	
<u>Title</u>	<u>Name</u>	Address	21 JUN 21 PM 2: 24	Type of Action
AMBR	Nathaniel kel Sanchez	1113 N.L	ake Ave Lakeland Fi	3.3845 WAdd
				□Remove
			· · · · · · · · · · · · · · · · · · ·	□Change
				🗅 Add
				□Remove
				□ Change
	<del></del>	7-5	<del></del>	□Add
				Remove
				□Change
				🗀 Add
		<del></del>		□ Remove
				🗆 Add
				□Remove
				□Change
				🗀 Add
			<del>.</del>	□Remove

\_\_\_\_\_ □Change

amending any other in					F
		***			
				·,· -	
		**			***************************************
<u></u>		· · · · · · · · · · · · · · · · · · ·			
		· · · · ·	10-		
					<del></del>
					<b></b>
					<del></del>
Fective date, if other than a effective date is listed, the date inserted in cument's effective date on	ite must be specific a his block does no	and cannot be prior to t meet the applical	o date of filing or mor ble statutory filing	(option c than 90 days after fi requirements, this c	al) ing.) Pursuant to 605.03 late will not be listed
cord specifies a delayed er s filed.	Tective date, but n	ot an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ed <u>6-2-2</u>		75 La a member or author	_ ·	a member	<del></del>
Fran					