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COVER LETTER

DZ Constru	iction Management, LLC			
SUBJECT:	_			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
	ondence concerning this matter	-		
	Sweta Patel			
		Name of Person		
	Stinson LLP			
		Firm/Company	-	
	100 S. Ashley Dr., Suite 5	00		
		Address		
	Tampa, FL 33602			
	10	City/State and Zip Code		
	sweta.patel@stinson.com E-mail address: (to be used for future annual report	notification)	
For further information c	oncerning this matter, please c	all:		
Sweta Patel		813 534-7553	1	
Name o	t Person	Area Code Day	rtime Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres Registration S		Street Address Registration		
Division of C		Registration Section Division of Corporations		
P.O. Box 632			f Tallahassee	
Tallahassee, l	FL 32314	2415 N. Mor	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ar (A Florida Limited Liability Compa	pears on our records.)
	(A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited I	Liability Company were filed or	a 06/06/2022 and assigned
lorida document number L22000256334		
This amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability compan	y here:
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE		ü.
, , , , , , , , , , , , , , , , , , ,	<u></u>	<u> </u>
		0
Takan mana madilima adalahan ik amalikah lar		,
Enter new mailing address, if applicable:		Ö
Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>
		114 - 1
gent and/or the new registered office addr	ess here:	ir records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	Tim Safransky	
New Registered Office Address:	19046 Bruce B Downs Blvd.	#403
	Enter	Florida street address
	Tampa	, Florida <u>³³⁶⁴⁷</u>
	Ciţy	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.

Tim Safransky
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
			_Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
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Effective date, if other than the difference of the date must be an effective date is listed, the date must be a Mote: If the date inserted in this block document's effective date on the Dep	ck does not mee	t the applica	to date of fili able statuto	ng or more than ry filing requi	90 days after rements, this	onar) : filing.) Pursua s date will no	int to 605.0207 (3 it be listed as th
e record specifies a delayed effective ord is filed.	date, but not an	effective tin	ne, at 12:0	La.m. on the	carlier of: (b) The 90th	day after the
Dated July 30		2024					
	Tun ignature of a mer		ansky				
Si	ignature of a mer	nber or author	rized represe	entative of a mo	mber		
Tim Safransky							

Filing Fee: \$25.00