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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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OCT 1 & 2023
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## **COVER LETTER**

TO:	Registration Se Division of Cor			•					
	D'Amico Cu	ustom Construction LLC	·						
SUBJE	Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.						
rHease r	eturn all correspo	indence concerning this matter	to the following:						
		Lara D'Amico							
			Name of Person						
		D'Amico Custom Construc	tion LLC						
			Firm/Company						
		703 W Plymouth St							
			Address						
		Tampa, FL 33603							
		damicocustomconstructionII	City/State and Zip Code c@gmail.com						
		E-mail address: (	to be used for future annual report notif	ication)					
For furt	her information c	oncerning this matter, please ca	all:						
Lara D'	Amico		813 4684735						
	Name o	f Person	at ()	Telephone Number					
Enclose	ed is a check for th	ne following amount:							
X1 \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)					

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'Amico Custom Construction LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number 1.22000437224 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

at amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added at removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itie</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Paci Vincent D'Amico Sr	703 W Plymouth St Tampa, FL 33603	XAdd
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ffective date, if other than t an effective date is listed, the date r lote: If the date inserted in this ocument's effective date on the	nust be specific and can block does not meet	the applicable s	of filing or more than atutory filing requi	(optional) 90 days after filing.) rements, this date v	Pursuant to 605.0207 will not be listed as
record specifies a delayed effectis filed.	tive date, but not an e	effective time, at	12:01 a.m. on the 6	earlier of: (b) The	90th day after the
October 6	20	)23			
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	Signature of a memi	her or authorized	representative of a me	mher	
Lara D'Amico	Signature of a memi	ber or authorized	representative of a me	mber	