L23 000 377 719

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

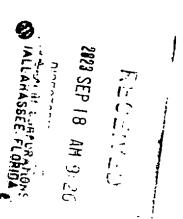
Office Use Only



000406660670



000408880870 93/18/3-01002-009/***0.00



COVER LETTER

SUBJECT: D. P. L. Contracting 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: Douglas Paul Linds et Name of Person Del Contracting L. C. C. Firm/Company 11446 Bright Star Cir Address Tallahassee Florida 30305 City/State and Zip Code' 1/1045ey doug 9 @ gmail.com E-modil address: (to be used for luting annual report notification) For further information concerning this matter, please call:	tions
Please return all correspondence concerning this matter to the following: Douglas Paul Linds of Name of Person DPL Cortfort inc L. L. C. Firm/Company 11446 Bright Star Cir Address Tallahassee Florida 32305 City/State and Zip Code? Linds & Y cloug 9 @ 9 mail. com E-mail address: (to be used for future annual report notification)	L. Contracting L.L.C. Name of Limited Liability Company
Douglas Paul Linds et Name of Person DPL Contracting L.C.C. Firm/Company 11446 Bright Stor Cir Address Tallahassee Florida 32305 City/State and Zip Code' Linds et doug 9 @ g mail.com E-mail address: (to be used for luting annual report notification)	ndment and fee(s) are submitted for filing.
PPL Contracting L.C.C. Firm/Company 11446 Bright Star Cir Address Tallahassee, Florida 32305 City/State and Zip Code' Lindsey cloug 9 @ gmail.com E-mail address: (to be used for future annual report notification)	ce concerning this matter to the following:
1/446 Bright Stor Cir Address Tallahassee, Florida 30305 City/State and Zip Code! /indseydoug 9 @ gmail.com E-mail address: (To be used for future annual report notification)	Douglas Paul Lindsef Name of Person
Tallahassee, Florida 32305 City/State and Zip Code? /indseydoug 9 @ gmail.com E-mail address: (To be used for future annual report notification)	DPL Contracting L.L.C.
/indseydoug 9 @ 9 mail. com E-mail address: (to be used for future annual report notification)	11446 Bright Stor Cir
	Tallahassee Florida 32305 City/State and Zip Code,
For further information concerning this matter, please call:	E-mail address: (to be used for future annual report notification)
r or ranger information concerning this manter, prease can.	ming this matter, please call:
Doug las P Linds ey at (850) 688 0449 Name of Person Area Code Daytime Telephone Number	on at (850) 688 0449 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	lowing amount:
(additional copy is enclosed) Certified Copy	• • • • • • • • • • • • • • • • • • •

TO:

Registration Section

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. P. L. Con Fractor (Name of the Limited Liability Companies) (A Florida Limited Liability Company) (A Florida document number <u>L. 230003.772.19</u>) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company (Name of the limited liability).	were filed on 8/11/2023 Tand assigned Tand 32
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: "Principal office address MUST BE A STREET ADDRESS" Enter new mailing address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C." 11446 Bright Star Cir. Talla hasser, Fla, 32305 11446 Bright Star Cir Talla hasser, Fla 32305
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:	nddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1/446	ASPANI Lindsey Brishtstar Cir Enter Florida street address 4955 e , Florida 32305 Zio 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M6R	Melanie Lindson	2781 Ole Ben Cir Tall FLa, 32305	□Add Remove
A :// 00	*A		Change
<u>AMB</u> R	Melanie Lindsey	2781 Ole Ben Cir Tall, Fla , 32305	□Add
4.4.0			Change
MGK	Douglas Lindsup	H446 Brightstor Cir Tall, FL 32305	Add□Remove
_			
AMBR	Douglas Lindsey	11446 Bright Star Cir	Z Add ☐Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<u>. </u>
	-
	
	
	
Note: If the date inserted i	than the date of filing: (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(I in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
If the record specifies a delayed record is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>10 / 18 / 1</u>	Joseph 2023. Joseph Jo
	Douglas Lindsey Typed or printed name of signee

Filing Fee: \$25.00