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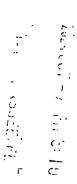
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10/07/24--01013--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Delook Construction, CCC. 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:	
Dylan Delook Name of Person	
Derwe Construction, C	<u>CC</u> .
2981 PINIApple Ave.	
MCCBOURNE FL 32935	
City/State and Zip Code Dy Law DeRook & AMAIL. Con E-mail address: (to be used for future annual report notification)	4
For further information concerning this matter, please call:	
Dycan Derson at 305 216 50	047
Name of Person Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed)	60.00 Filing Fee, Certificate 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

DO ROOK CONST	RUCTION.	(cc.
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears or ou ability Company)	r records.)
The Articles of Organization for this Limited Liability Company v Florida document number 240000C4948	vere filed on	5/24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\sim N/A	<u>-</u>
(Principal office address MUST BE A STREET ADDRESS)		202
		- 6
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
		77.
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records,	enter the name of the new registere
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street	t address
		, 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address		Type of Action
MANIGU	DyLAN	Derook	2981 PINLA MUSENNE	pple Ave	- XAdd
•	ľ		MUSOUNE	A	□ Remove
				39935	□Change
	· · · · · · · · · · · · · · · · · · ·				□Add
					□Change
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					Change
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					□Add
					□ Remove
					□Change

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if amending :	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
	
	
(If an effective of Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
f the record : b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a day after the record is filed.
Dated	Dorlow de Pook
_	Signature of a member or authorized representative of a member DULAN DEMON
	Typed or printed name of signee

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Filing Fee: \$25.00