

8/20/24, 6:29 AM

Division of Corporations

Page 1 of 4

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000291333

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000278484 3)))



H240002784843ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

SECRETARY OF STATE
JAN PHASSEE FLORENCE

2024 AUG 20 AM 10:39

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DCI BUILDERS GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

AUG 20 2024

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2024 AUG 20 AM 10:39

SECRETARY OF STATE
JAN PHASSEE FLORENCE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000278484 3

Page 2 of 4

DCI BUILDERS GROUP, 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 06/27/2024 and assigned
Florida document number L24000291333.

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 "L.L.C."

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

_____, 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

H24000278484 3

FILED

2024 AUG 20 AM 10:39

SECRETARY OF STATE
MAIL ASSISTANT
TALLAHASSEE, FLORIDA

H24000278484 3

Page 3 of 4

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROBERTO SAEZ	3205 GRASSGLEN PLACE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
COMMUNICATIONS SECTION

2024 AUG 20 AM 10:39

FILED

H24000278484 3

H24000278484 3

Page 4 of 4

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Roberto Saez

RECEIVED 5402 (Aug 19, 2024 17:20 ZST)

SECRETARY OF STATE
WASHINGTON, D. C.

2024 AUG 20 AM 10:39

SECRET

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Aug 19, 2024

Roberto Saez

Roberto Facet (Aug 16, 2024 11:20:50:1)

Signature of a member or authorized representative of a member

ROBERTO SAEZ

Typed or printed name of signee

Filing Fee: \$25.00

H24000278484 3