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COVER LETTER

Registration Section

TO:

Division of Corp	orations	•	
SUBJECT: DY		CUCTION LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Da	Name of Person CON STRUCTO Pirm/Company	162
	DYLL	CON STRUCTO Firm/Company	n LLC
	722 19Th	S+ SW Address	
		Japles, FL 3 City/State and Zip Code	34117
	05 Homesof E-mail address: (10	-SwFLQ6mai o be used for future annual report notif	J. (OW)
	ncerning this matter, please ca		
Dayron	Sanchez	at (<u>786</u>) 457 Area Code Daytime	- 8136
Name of	Person	Area Code Dayumo	e Telephone Number
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection proprations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYLL Constr	uction LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L & S00008 & 802</u>	y were filed on $02/18/2025$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab DYLLS CONSTUCTION The new name must be distinguishable and contain the words "Limited Liab	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
New Registered Office Address:	F.nter blorida street address
	City Zip Code
Nam Dagiotarad Agant's Signatura, if abanging Dagistarad Agant	

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 each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable standard cument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
l is filed.	
ated February 28th, 2025.	2025 HAR -
	······································
Signature of a member or authorized re Ouyron Say Typed or printed name	· (