K21000 117765

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

	porations		
1543 PD, L	I.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ndence concerning this matter	to the tonowing.	
	Douglas Lee Wright, Jr.		
		Name of Person	
	PD 1539, LLC, a Georgia	limited liability company	
		Firm/Company	
	PO Box 419		
		Address	
	Greenville, GA 30222		
		City/State and Zip Code	
	dlwrightjr42@gmail.com		
	E-mail address: (to be used for future annual report notification)	.
For further information co	oncerning this matter, please c	all:	<u>.</u> .
Theresa Knower		239 333-4910	
Name of	Person	at ()	
			\geq \leq
Enclosed is a check for th	e following amount:		1: 2:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address Registration S Division of Co	Section	Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			-
ited Liability Compa (A Florida Limited l	ny as it now appears on our re Liability Company)	ecords.)	
.iability Company	were filed on 3/11/2021	and a	assigned
lowing:			
of the limited liab	ility company here:		
words "Limited Liabil	lity Company," the designation	'LLC" or the abbreviation	"L.IC."
Enter new principal offices address, if applicable:			
		Fernandina Beach, FL 32034	
<u>: BOX)</u>	PO Box 419 Greenville, GA 30222	; ; ;	<u></u>
registered office a	address on our records, <u>e</u> r	\sim	- iew regis
ess here:		> =	i e i i emp
Douglas Lee W	right, Jr.	24	
1543 Piper Du		ddrawa	
Lamandina Da			
- remandina bea	City	, Florida 32034 Zip Coo	le
	lowing: of the limited liab words "Limited Liabi cable: ET ADDRESS) registered office a ess here: Douglas Lee W 1543 Piper Du	lowing: of the limited liability company here: words "Limited Liability Company," the designation to cable: 1543 Piper Dunes Place Fernandina Beach, FL 320 PO Box 419 Greenville, GA 30222 registered office address on our records, eless here: Douglas Lee Wright, Jr. 1543 Piper Dunes Place Enter Florida street and Fernandina Beach	lowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation abbreviation of the limited Liability Company," the designation "LLC" or the abbreviation of the limited Liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation "LLC" or the abbreviation of the liability Company, the designation of the liability Company, the liability Company, the designation of the liability Company, the liability Company of the liabil

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
MGR	1031 Reverse Exchange Company I	1520 Royal Palm Sq. Blvd. #320	□Add
		Fort Myers, FL 33919	= Remove
			□Change
AMBR	PD 1539, LLC	PO Box 419	■ Add
		Greenville, GA 30222	□Remove
			□Change
MGR	Douglas Lee Wright, Jr.	PO Box 419	<u>~</u> ■Add ⁷
		Greenville, GA 30222	□Remove □Change
mar	SONYA M. WRIGHT	PO Box 419	=
		GREENVILLE GA 30222	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

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ective date, if other than th	e date of filing:	(optional)	Ċ.
effective date is listed, the date mote: If the date inserted in this burnent's effective date on the I	block does not meet the applicable stat	(optional) f filing or more than 90 days after filing.) Pursutory filing requirements, this date will in	uant to 605.020 not be listed a
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) The 90t	h day after th
ed May 28	2021		
Showsa	moun	presentative of a member	
	 Signature of a member or authorized rep 	resentative of a member	