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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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'AUG 1 3 2018 S. PRATHER

COVER LETTER

. TO: / Registratio Division of	n Section Corporations		
SUBJECT:	DDG TEVES Name of Lin	LLC nited Liability Company	
	s of Amendment and fee(s) are sub	-	
Please return all corr	espondence concerning this matter	-	
	DIANT 1	Name of Person	
		Firm/Company	
	7553 WOO	PLAND BEND CIR Address	
For further informati	E-mail address: on concerning this matter, please c	•	tor & gmail, com
	-	at (39_)	11-0250
Na	me of Person	Area Code Daytime	e Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fed	e S30.00 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)
Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDG TEL	IES LLC	
	d Liability Company as it now appears o A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lia Florida document numberL 1800 00 9	ability Company were filed on	<i>وب</i> 1 ري
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of DIANE TOE	the limited liability company here GUZMAN LLC	:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	···········
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off		ur records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	E	street address
	Enter Florida	
	City	, Florida 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, <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
-			
			Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			□ Remove
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ective date, if other than the	date of filing:	_ (optional)
te: If the date inserted in this blo	ock does not meet the applicable statutory filing requireme	ents, this date will not be listed
cument's effective date on the De	partment of State's records.	
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he 90th day after the reco	effective date, but not an effective time, at 12 ord is filed.	2:01 a.m. on the earlier
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;	Bignature of a member of authorized representative of a member	- ωγ 1
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Page 3 of 3

Filing Fee: \$25.00