

L14000159624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

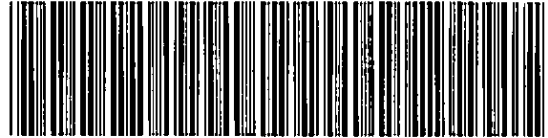
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 DEC 12 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FL

2/22/23  
VLM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DEE 2389 PROPERTY, LLC**

\_\_\_\_\_  
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:

JEFFREY SELZER

\_\_\_\_\_  
Name of Person

SELZER LAW

\_\_\_\_\_  
Firm/Company

2550 NE 15th AVENUE

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33305

\_\_\_\_\_  
City/State and Zip Code

JEFF@SELZERLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDY MARTIN

910 684-0716  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
2022 DEC 12 PM 12:17  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
FALL ANNUAL REPORT

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>
MGR	Anthony DeRiggi	6192 NW 24th Street	<input type="checkbox"/> Add
		Boca Raton, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andy Martin	6192 NW 24th Street	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony DeRiggi	THE A. DeRiggi Trust UAD 10/28/2022	<input checked="" type="checkbox"/> Add
		6192 NW 24th Street	<input type="checkbox"/> Remove
		Boca Raton, FL 33434	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee