## A19000000237

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

519- Leles-



400330390134

08/12/19--01019--003 \*\*55.00



C. GOLDEN

JUL - 2 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DO Wareho	OUSE Investments, Ltc
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concernia	ng this matter to:
Lenette Trive Contact Person C/o The East	eH on Group
10165 NW 19 5	freet
Doyal, FL 331 City, State and Zip Code	<del>.</del>
City, State and Zip Code    Trivett@theea  E-mail address: (to be used for future annual	
For further information concerning this ma Lenette Trivett	•
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	unt:
□ \$52.50 Filing Fee . □\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy  □\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



June 26, 2019

LENETTE TRIVETT 10165 NW 19 STREET DORAL, FL 33172

SUBJECT: DD WAREHOUSE INVESTMENTS, LTD.

Ref. Number: A19000000237

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 019A00012990

www.sunbiz.org



July 1, 2019

**Division of Corporations** Attention: Claretha Golden P.O. Box 6327 Tallahassee, FL 32314

Via E-Mail:

Claretha.golden@dos.myflorida.com

RE: DD WAREHOUSE INVESTMENTS | LLC (L19000139679)

Dear Ms. Golden:

This letter shall serve to confirm that the subject entity was formed by our office and is the GP to the entity listed below which we are trying to get the name fixed.

DD WAREHOUSE INVESTMENTS | LTD (A19000000237)

Your cooperation in getting this processed ASAP is most appreciated as we have a closing pending and this is the final step. The correct form is attached hereto to correct the name. Please call my assistant (Lenette Trivett), if anything further is needed to finish this name change, she can be reached at (786) 437-5806.

Thank you again.

Sincerely,

Edward J. Easton Vice President

EJE/It

FILED

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERS

2019 JUL - 1 AM 8:53

CERTIFICATE OF	LIMITED PARTNERSHIP OF
DD Warehouse	z Investments, Ltd. Assce. F
Insert name currently on fi	ile with Florida Department of State
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number <u>P19000000 237</u> , its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the bere:	limited partnership or limited liability limited partnership
DD Warehous	e Investments I, Ltd. hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners, Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP, or Ltd.
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registened new registered agent and/or the new registered office.	ered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

removed from our records:		ss of each general part
tle <u>Name</u>	Address	Type of Action
		☐ Remove
		☐ Remove
		<del></del>
		Remove
	ability limited partnership is	

F. If amending any other info	rmation, ente	er change(s	here: (Attach additional sheets, if necessary.)
	- · · · · · · · · · · · · · · · · · · ·		
State.)	ere than 90 days	applicable :	statutory filing requirements, this date will not
Signature(s) of a general partner	r or all gene	ral partne	ers*:
removing a "limited liability limited parts when adding or removing a "limited liabi	nership" electio lity limited par	n statement.	locument unless the limited partnership is adding or . Chapter 620, F.S., requires all general partners to significant statement.)
Edward J. East			
Edward J. East	0n		
Signature(s) of all new or dissoci	ating genera	al <u>partner</u>	(s), if any:
	<del></del>		
	<del></del> _		
	· <del>-</del> ·		
	<del></del>		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		