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(C	ity/State/Zip/Phone	e #)
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COVER LETTER

то:	Registration Sec Division of Corp			
		S ASSOCIATES, L.L.C.		
SUBJI	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles of /	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	dence concerning this matter to	o the following:	
		MARLENE DENNIS		
			Name of Person	
			Firm/Company	
		2715 W PRICE AVENUE		
			Address	
		TAMPA, FL 33611		
		MDENNIS2_5@MSN.COM	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	ication)
For fut	ther information co	ncerning this matter, please ca	ıll:	
MARI	LENE DENNIS		813 240-3806 at ()	Telephone Number
	Name of	Person	Area Code Daytune	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&G SALES ASSOCIATES, L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on JANUARY	19, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	thity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		里口
(Mailing address MAY BE A POST OFFICE BOX)		95 7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	1 address
		Florida
	City	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, 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>	Type of Action
MGRM MARLENE DENNIS	MARLENE DENNIS	2715 W PRICE AVENUE	
		TAMPA, FL 33611	
			□ Remove
			☐ Change
MGRM	JOSH ALTENBACH	2715 W PRICE AVENUE	Add
		TAMPA, FL 33611	A Add
			■ Remove
			Change
			□ Add
			T C DRemove
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			T Change C C
			Remote
			Remove
			Change
		Add	
			☐ Remove
			Add
			□ Remove
			Change

, 11 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/13 2018
	Signature of a member or authorized representative of a member
	Joshua Altenbach Typed or printed name of signee

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Filing Fee: \$25.00

