

LA30000 18674

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(City/State/Zip/Phone #)

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APR 28 2020
S. YOUNG

FILED
2020 APR 17 AM 7:14
CLERK OF SUPERIOR COURT
JULIA A. SHERIDAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disasters, Strategies and Ideas Group, 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:

Anita C. Sunday

Name of Person

Disasters, Strategies and Ideas Group, LLC

Firm/Company

P. O. Box 14569

Address

Tallahassee, FL 32317

City/State and Zip Code

asunday@thf-cpa.com

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

For further information concerning this matter, please call:

Anita C. Sunday

850

521-3134

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Disasters, Strategies and Ideas Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 23, 2003
Florida document number L03000018674.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2618 Centennial Blvd

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32308

Enter new mailing address, if applicable:

P. O. Box 14569

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, FL 32317

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jeff Barbacci

New Registered Office Address:

2618 Centennial Blvd

Enter Florida street address

Tallahassee

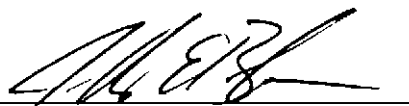
Florida 32308

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>	<u>Type of Action</u>
MGR/P	Jeff Barbacci	P. O. Box 14569 Tallahassee, FL 32308	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Winston K. Howell	P. O. Box 14569 Tallahassee, FL 32308	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Linda Berry		<input type="checkbox"/> Add
		4010 Harpers Ferry Dr. Tallahassee, FL 32308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article II - Change of principal address to 2618 Centennial Blvd, Tallahassee, FL 32308

Article III - Change of Registered Agent to Jeff Barbacci - 2618 Centennial Blvd, Tallahassee, FL 32308

Article V - Change of Managers/Members from Linda Berry/Joe Myers to Jeff Barbacci/Winston K. Howell

P. O. Box 14569, Tallahassee, FL 32317

Change of President to Vice President for Linda Berry

Change of Address for Linda Berry - 4010 Harpers Ferry Dr, Tallahassee, FL 32308

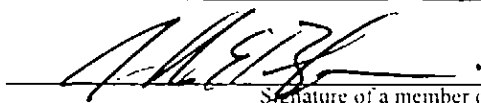
E. Effective date, if other than the date of filing: April 15, 2020 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 15, 2020



Signature of a member or authorized representative of a member

Jeff Barbacci

Typed or printed name of signee

Filing Fee: \$25.00