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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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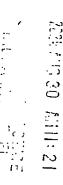
Office Use Only



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## **COVER LETTER**

Name of Limendment and fee(s) are sub-	nited Liability Company
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	omitted for filing.
ice concerning this matter	to the following:
Lawrence P Deziel	
	Name of Person
Deziel Investments III, LL	,c·
	Firm/Company
9177 SE River Ter	
	Address
Tupiter, FL 33469	
PDMD@aol.com	City/State and Zip Code
E-mail address: (	to be used for future annual report notification)
rning this matter, please ca	all:
	561 262-4777
son	at () Area Code Daytime Telephone Number
Howing amount:	
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
ion	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Division of Corporations
	The Centre of Tallahassee
	Lawrence P Deziel  Deziel Investments III. LI  9177 SE River Ter  Jupiter, FL 33469  E-mail address: 6  erning this matter, please c  son  Howing amount:

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deziel Investments III, LLC		<u></u>
( <u>Name of the Limited Liability Comp</u> A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company L04000019590 Lorida document number		
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	ility Company," the designation	"I.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street a	ddress
		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

(J)

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Deziel	3310 S Kanner Hwy, Stuart, FL34994	<b>≣</b> Add
			□Remove
			☐ Change
<u></u>			□Add
			□Remove
			□Change
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