

104 0000 26223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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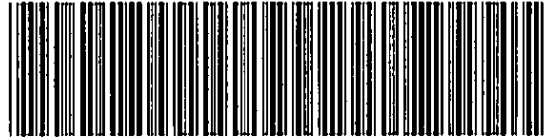
(Business Entity Name)

(Document Number)

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2022 APR 13 PM 12:27  
STATE OF FL  
TALLAHASSEE

FILED

cf 5/16/2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DiPasqua Properties, 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:

Joseph A. DiPasqua

Name of Person

Ofena Holdings, LLC

Firm/Company

8627 Houndstooth Enclave Drive

Address

New Port Richey, FL 34655

City/State and Zip Code

jdipasqua@verizon.net

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

For further information concerning this matter, please call:

Joseph A. DiPasqua

Name of Person

727

Area Code

631-5474

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**

**FILED**

DiPasqua Properties, LLC

2022 APR 13 PM 12:27

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

SEC. 605, F.S.  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/26/2004 and assigned  
Florida document number L04000026223.

This amendment is submitted to amend the following:

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

Ofena Holdings, LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

8627 Houndstooth Enclave Drive

New Port Richey, FL 34655

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8627 Houndstooth Enclave Drive

New Port Richey, FL 34655

**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:

New Registered Office Address:

8627 Houndstooth Enclave Drive

*Enter Florida street address*

New Port Richey

*City*

Florida

34655

*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	Joseph A. DiPasqua	8627 Houndstooth Enclave Drive	<input type="checkbox"/> Add
		New Port Richey, FL 34655	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jennifer DiPasqua	8627 Houndstooth Enclave Drive	<input type="checkbox"/> Add
		New Port Richey, FL 34655	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

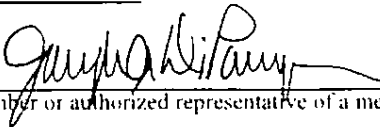
E. Effective date, if other than the date of filing: N/A (optional)

(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 8, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joseph A. DiPasqua

\_\_\_\_\_  
Typed or printed name of signee