

LO4000028069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

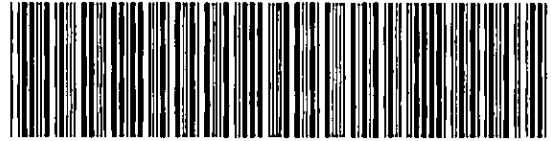
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/13/20 13:14:13

Anne and
Nicholas

JAN 08 2021

1 ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P & C 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:

GITA KLEIN

Name of Person

THE KLEIN GROUP

Firm/Company

2300 NW CORPORATE BLVD SUITE 112

Address

BOCA RATON, FL 33431

City/State and Zip Code

gita@thekleingroupecpacom

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

For further information concerning this matter, please call:

GITA KLEIN

561 419-9995

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**

P&C LLC

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

2020-19 P. 1:18

The Articles of Organization for this Limited Liability Company were filed on 04-12-2004 and assigned
Florida document number L04000028069.

This amendment is submitted to amend the following:

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

DPJC, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

2300 NW CORPORATE BLVD

SUITE 112

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2300 NW CORPORATE BLVD

SUITE 112

BOCA RATON, FL 33431

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:

THE KLEIN GROUP CPA PA

New Registered Office Address:

2300 NW CORPORATE BLVD SUITE 112

Enter Florida street address

BOCA RATON

City

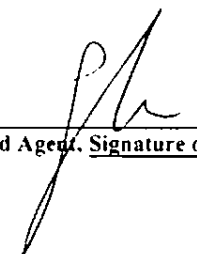
Florida 33431

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



MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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 imposed in this rule is later than the date of filing, the date of filing shall apply.

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.

Camela Bowes
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000028069

1. Limited Liability Company's Name

P&C LLC

2. Principal Office Address - No P.O. Box #

11776 W SAMPLE RD

Suite, Apt #, etc

SUITE 105

City & State

CORAL SPRINGS, FL

Zip

Country

33065

3. Mailing Office Address

Suite, Apt #, etc

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

STEVEN C KLEIN

Street Address (P.O. Box Number is Not Acceptable) Suite

11776 W SAMPLE RD

Apt #, Etc

SUITE 105

City

CORAL SPRINGS

State

FL

Zip Code

33065

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-10-20

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PAMELA BOWES	250 PALM COAST PARKWAY NE 607-106	PALM COAST, FL 32137

11. E-mail Address gita@thekleingroupcpa.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

Date 11-10-20

Daytime Phone #

561-419-9995

2020 10 PM 1:43

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11/19/20--01019--028 **518.25

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04-12-2004

6. FEI Number

65-1224293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

JAN 08 2021

I ALBRITTON

REINSTATEMENT

2018-2020