

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Dunah, Name off.imi	Properties L	<u>LC</u>	
The enclosed Articles of A	amendment and fee(s) are subr	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	_	Name of Person Dunshy Proper Fire/Company	11-62	
	21760	SR SU S	nite 102	
		City/State and Zip Code	sclop neat com	n Quand la
	E-mail address: 6	a dunding de used for future annual report notifi	velop nent. Com	1 E
For further information co	ncerning this matter, please ca	ill:	2	
Moll Name of	Herson Duphy	$\frac{1}{\text{Area Code}} \text{ at } (\frac{813}{\text{Daytime}})$	Telephone Number - 9	C
Enclosed is a check for the	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dunphy P.	opertus LC
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	owlappears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fil Florida document number $\underline{L959991937}$	ed on $2-4-55$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any." the designation "LLC" or the abbreviation "LLC."
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)	
	22
	- 11 - 12
B. If amending the registered agent and/or registered office ad	dress 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:	٠. ٠
	Enter Florida street address
	, Florida
City	
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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jim Dunphy	21760 SR54	
		21760 SR 54 Suite 102 Lut 2 76 33549	□ Remove
		Lutz 7C 33549	Change
			□ Remove
			Change
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ote: If the date inse	ner than the date of fi ed, the date must be specific rted in this block does n date on the Department	ot meet the applic	able statutory filir	ore than 90 days af g requirements, t	tional) ler filing.) P his date wi	Pursuant to ill not be	605.020 listed a
	s a delayed effectiv ter the record is file		ot an effective	ime, at 12:01	. a.m. or	n the ea	arlier (
nted	3-28	1. <u>2018</u>					
	Signature o	of a member or author	orized representative	of a member			_

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Filing Fee: \$25.00