

L050000 96196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

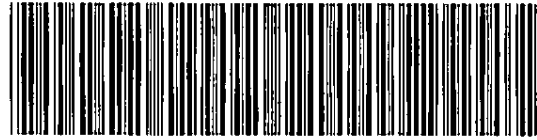
(Document Number)

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11/10/20--01025--017 **7.50

07/27/20--01033--020 **52.50

RECEIVED

JUL 23 2020

FILED
2020 NOV -9 PM 3:22
CLERK OF COURT
TALLAHASSEE, FLORIDA

NOV 10 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2020

2020

: 34

LEONARDO LJULJDURAJ
DEERWOOD DEVELOPMENT GROUP, LLC
8933 BORDMAN RD
ALMONT, MI 48003

SUBJECT: DEERWOOD DEVELOPMENT GROUP, LLC
Ref. Number: L05000096196

We have received your document for DEERWOOD DEVELOPMENT GROUP, LLC and check(s) totaling \$52.50. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$7.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 320A00017208

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEERWOOD DEVELOPMENT 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:

LEONARDO LJULJURAJ
Name of Person

DEERWOOD DEVELOPMENT GROUP LLC.
Firm/Company

8933 BORDMAN RD.
Address

ALMONT MI 48003
City/State and Zip Code

LENNYTHEPAINTER @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO LJULJURAJ at (810) 499-1221
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

(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 9-29-2005 and assigned
Florida document number L05000096196

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 "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)

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:

Enter Florida street address

_____, 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

MGR = Manager
AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	ACTION
AMBR JASON DANIEL SHELTON	11660 SHIPWATCH DR					<input checked="" type="checkbox"/> Add
	APT. 1443					<input type="checkbox"/> Remove
	LARGO FL. 33774					<input type="checkbox"/> Change
						<input type="checkbox"/> Add
						<input type="checkbox"/> Remove
						<input type="checkbox"/> Change
						<input type="checkbox"/> Add
						<input type="checkbox"/> Remove
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						<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member

LEONARDO L. JULDORAJ

Typed or printed name of signee