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(Requestor's Name)	
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PICK-UP WAIT MAI	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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11/10/20--01025--017 **7.50

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RECEIVED JUL 2 3 2020

NOV 1 0 2020 S. YOUNG September 9, 2020

:][,

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 Se Division of Cor				
SUBJECT: DE	ENWOOD DE Name of Limi	VELOPMEN ited Liability Company	T GR	OUP LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	LEONARDO	LJULJOURA Name of Person	Ĩ	
	DEERWOOD ()	evelopment	Gnov	PLLC.
	8933 BOLD	MAN_Address D.		
	ALMONT P LENNYTHEDR E-mail address: (1	1 I 4800 City/State and Zip Code	3	 .
	LENNYTHE DE	A INTER 6 L to be used for future annual rep	nmnileation)	Coul
For further information c	oncerning this matter, please co			
LEONARDO L Name o	JULJDULAT Person	at (<u>श0</u>) Ø Area Code	499-1 Daytime Telepho	ZZ/ ne Number
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose		\$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

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(Name of the Limited Liabili (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on 9	29 - 2005 and assigned.
Florida document number <u>L0500091619</u>		
This amendment is submitted to amend the following:		79 - 2005 and assigned 2
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		Florida
Non-Quaistagad Agant's Signatura if changing Dagistara	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.

MGR = N $AMBR = A$	lanager Authorized M	عرِ ember		
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	JASON	DANIEL SHELTON	11660 SHIPWATCH DR.	XIAdd
			APT-1443	□Remove
			LARGO FL. 33774	□Change
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				⊟Remove
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Signature of a member or authorized representative of a member									
									

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