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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: \_\_DP DEVELOPMENT OF THE TREASURE COAST 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:

PAT BORRICO, MANAGING MEMBER

Name of Person

DP DEVELOPMENT OF THE TREASURE COAST LLC

Firm/Company

1014 S CONGRESS AVE

Address

PALM SPRNGS FL 33406

City/State and Zip Code

andrea@dpdevelopment.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAT BORRICO or Andrea Caporali Name of Person \_ at (<u>561</u>)<u>650.1333</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

**SO** \$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

FEED

		2019 HAR 18	PM 1:35
DP DEVELOPMENT OF THE TREASURE C	OAST LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>as it now appears on our records.</u> bility Company)		STATE STELFL
The Articles of Organization for this Limited Liability Company w	rere filed on09.12.2006	and a	ssigned
Florida document numberL06000089339			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
DP DEVELOPMENT, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "	L.IC."
Enter new principal offices address, if applicable:	NO CHANGES		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	NO CHANGES		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records,	enter the name	e of the new
Name of New Registered Agent:	NO CHANGES		
New Registered Office Address:			
	Enter Florida street address		

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.

Citv

NO CHANGES If Changing Registered Agent, <u>Signature of New Registered Agent</u>

Florida

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

2

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NO CHANGES		Add
			🗆 Remove
			Change
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			🗆 Remove
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			Remove
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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NO CHANGES			
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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 MARCH 11 2019 .
Signature of a member or authorized representative of a member
Signature of a member of authorized representative of a member

PAT BORRICO, MANAGING MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00