

106000097539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2017

EDITH DONNA STITSKY
11258 SW LAKE PARK DR
PORT ST LUCIE, FL 34987

SUBJECT: D. NATIONWIDE INVESTMENTS LLC
Ref. Number: L06000097539

We have received your document for D. NATIONWIDE INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00024090

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D NATIONWIDE WIDE INVESTMENTS 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:

EDITH DONNA STITSKY

Name of Person

D NATIONWIDE WIDE INVESTMENTS LLC

Firm/Company

11258 S.W. LAKE PARK DRIVE

Address

PORT ST LUCIE, FLORIDA 34987

City/State and Zip Code

donname116@aol.com

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

For further information concerning this matter, please call:

EDITH DONNA STITSKY

954 658-1538
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D NATIONWIDE INVESTMENTS LLC

(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 10/05/2006 and assigned
Florida document number L06000097539P.

This amendment is submitted to amend the following:

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

N/A

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:

11258 S.W. LAKE PARK DRIVE

(Principal office address MUST BE A STREET ADDRESS)

PORT ST. LUCIE, FLORIDA 34987

Enter new mailing address, if applicable:

11258 S.W. LAKE PARK DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST. LUCIE, FLORIDA 34987

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EDITH DONNA STITSKY REGISTERED AGENT/PRESIDENT/SEC/TREAS.

11258 S.W. LAKE PARK DRIVE

PORT ST. LUCIE, FLORIDA 34987

DEC - 7 AM 10:49

E. Effective date, if other than the date of filing: _____ (optional)

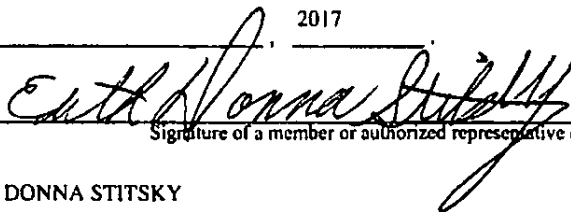
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, 2017



Signature of a member or authorized representative of a member

EDITH DONNA STITSKY

Typed or printed name of signee