

LD9000066401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

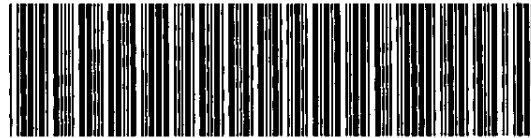
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FILED  
12 MAY 31 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN - 1 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: D & Y DEVELOPMENT 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:

**JEAN-CLAUDE LATTES**

Name of Person

Firm/Company

**555 NE 15TH STREET, SUITE 200**

Address

**MIAMI, FL, 33132**

City/State and Zip Code

**lattes@comcast.net**

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

For further information concerning this matter, please call:

**JEAN-CLAUDE LATTES**

Name of Person

at ( **786** )

**507 - 6111**

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 & Y DEVELOPMENT LLC**

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/09/2009 and assigned Florida document number L09000066401.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                         | <u>Type of Action</u>                                                      |
|--------------|-----------------|--------------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | GUIGUI, MONIQUE | 9801 COLLINS AVE SUITE 12 P<br>BAL HARBOUR FL 33154 US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

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12 MAY 31 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Signature of a member or authorized representative of a member

JEAN-CLAUDE LATTES

\_\_\_\_\_  
Typed or printed name of signee