

LD9000089322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

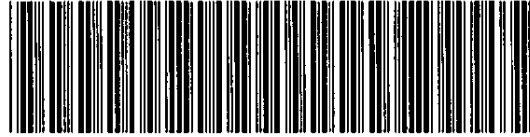
(Business Entity Name)

(Document Number)

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FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2015

DAX ROMINE
DAMIEN SINCLAIR LLC
1243 NE 2ND STREET
OCALA, FL 34470

SUBJECT: DAMIEN SINCLAIR, L.L.C.
Ref. Number: L09000089322

We have received your document for DAMIEN SINCLAIR, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00017830

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Damien Sinclair 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:

Dax Romine

Name of Person

Damien Sinclair LLC

Firm/Company

1243 NE 2nd ST

Address

Ocala FL 34470

City/State and Zip Code

daxroine@gmail.co

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

For further information concerning this matter, please call:

Dax Romine

352 572-6593
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**

Damien Sinclair 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 09/15/2009

Florida document number L09000089322

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1243 NE 2nd ST

Ocala, FL 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1243 NE 2nd ST

Ocala, FL 34470

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:

Dax Romine

New Registered Office Address:

1243 NE 2nd ST

Enter Florida street address

Ocala

City

Florida 34470

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.

(Signature)
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>
mgr	Richard Maitha	4240 SE 59th ST	<input type="checkbox"/> Add
		Ocala, FL 34480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Dax Romine	1243 NE 2nd ST	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Aaron Hicks	6563 SE 87th ST	<input checked="" type="checkbox"/> Add
		Ocala, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Casey Zawowski	1243 NE 2nd ST, unit B	<input checked="" type="checkbox"/> Add
		Ocala FL 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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

[illegible]

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 August 19

2015

Signature of a member or authorized representative of a member

Richard Maitha/ Dax Romine

Typed or printed name of signee

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Filing Fee: \$25.00

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