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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
CUDIECT.	D+5 DRA	TINAGE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
		along the filter	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DALLA:	S E. DuppENthA	ALER JR.
	D+5	DRAINAGE LLC	
		r mb company	
	177 PA	Address	<u>E</u>
	LAKE	PLACID FL 33 City/State and Zip Code	852
	E-mail address: (	TO DE USED FOR FUTURE ANNUAL REPORT NOTIFICE	ication)
For further information co	oncerning this matter, please c	ail:	
DALLAS E	Duppenthaler	Area Code Daytime	9244
			l l
MARY D	UPPENTHALER	863 - 840-25	858
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

D+5 DRAINAGE 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 \_ Florida document number L 100000 78360 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 "LLC" 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  $\tilde{\alpha}$ registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

Enter Florida street address

City

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of A	
ME (CM	MARY L DUPPENHALER	2 177 PARK LAND DRIVE	Add Add	
		LAKE PLACID FL 3385	2_□ Remov	
	·		Change	
			Remov	
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or removed from our records:

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1.00 At	ve date, if other than the date of filing: (optional)
inecu fan effe	ve date, if other than the date of filing: (optional) cetive 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.
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
docum	ent's effective date on the Department of State's records.
ha rac	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
The	90th day after the record is filed.
	John day area and record to meet
Dated .	<u>SEPI 26</u> , <u>2019</u> .
	Signature of a member or authorized representative of a member
	Callas E Cleasentales /
	Signature of a member or authorized representative of a member
	DALLAS E. DUDDENTHALER JA
	DALLAS E. Duppenthaler, JR  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00