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2020 SEP 25 PM 1: 04 OCT 3:1 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
D & d 7 Pr	operty Management Lle			
SUBJECT:			_	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ana Carolina Acosta			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	D&d 7 Property Managen			
		Firm/Company		
	3701 N Country Club Dr.	Unit 508	_	
Firm/Company 3701 N Country Club Dr, Unit 508 Address Aventura, Fl 33180 City/State and Zip Code anacuroacosta@gmail.com E-mail address: (to be used for future annual report notification)				
	Aventura, Fl 33180			
	anacuroacosta@gmail.com			
	E-mail address: (to be used for future annual report not	iffication)	
For further information c	oncerning this matter, please c			
Ana Carolina Acosta		786 329-34-90		
Name o) Person	at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 633		The Centre of	Tallahassee oe Street, Suite 810	
Tallahassee.	じた うそう 1 年	2413 N. MOIII	or succi, suite ore	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&d 7 Property Management Lfc (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 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 BON) 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

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 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>	Address	Type of Action
MGR	Vanessa Rodríguez Acosta	136 SW 185 WAY, Pembroke Pines FL 33029	
	iR Vanessa Rodriguez Acosta 136 SW 185 WAY, Pembroke Pines FL 33029	= Add	
			□Remove
			Change
			🗆 Add
		□Remove	
			□Add
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ffective date, if other than the c	date of filing: (optional) at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	S 031
an effective date is listed, the date must lote: If the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be lis	ited a
ocument's effective date on the De	epartment of State's records.	
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
t is tiled.		
September 11	2020	
ated		
	Dun co d	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00