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## **COVER LETTER**

Div	ision of Co	porations		
SURIFCT:		rtainment LLC		
oonjeer.		Name of Lin	nited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Demetrius Woods		
			Name of Person	
		D&D GlOBAL Z	adustries	
		2215 Richwood Pike Dr	Firm/Company	
		Ruskin, FL 33570	Address	
		dwoods4578@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	ication)
For further in	formation c	oncerning this matter, please ca	all:	
Demetrius V	Voods		813 458-8456	
_	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

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**D&D Entertainment LLC** 

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

· · · · · · · · ·	y Company)	CORIDA	
The Articles of Organization for this Limited Liability C Florida document number L11000034362	Company were filed on3/		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
D&D Global Industries LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	401 E. Jackson St.		
(Principal office address MUST BE A STREET ADDI	RESS) Suite 2340	Suite 2340	
	Tampa, FL 33602		
	<del>-</del>		
Enter new mailing address, if applicable:	401 E. Jackson St.	401 E. Jackson St. Suite 2340	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2340		
	Tampa, FL 33602		
B. If amending the registered agent and/or regis registered agent and/or the new registered office additional Name of New Registered Agent:	ress here:	records, enter the name of the no	
New Registered Office Address: 401 E	. Jackson St.		
	Enter Florida stre	pet address	
Tampa	a	Florida 33602	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and convergent the abligations of my position are provided.	omplete performance of my di	ties, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u> :			
MGR = M AMBR = A	Vanager Authorized Member	N/A FILED	
<u>Title</u>	Name	Address Address	Type of Action
		Address IALLAHAS A S. F. LORIDA	□ Add
			□ Remove
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ective date, if other than the date of filing	g: (optional)
refrective date is listed, the date must be specific and	d cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 605 020
ument's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as State's records.
record specifies a delayed effective o	date, but not an effective time, at 12:01 a.m. on the earlier o
he 90th day after the record is filed.	oute, but not an enective time, at 12:01 a.m. on the earlier o
ed Taggery GTH	member or authorized representative of a member
Statut 9	,
$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ .	
Signature of a r	member or authorized representative of a member
Deu 200	721/15 1.70000
	Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00