2110000 91466

(Requestor's Nam	ne)	
(Address)		
(Address)		
(City/State/Zip/Ph	one #)	
PICK-UP WAIT	MAIL	
(Business Entity I	Name)	
(Document Number)		
Certified Copies Certifica	ates of Status	
Special Instructions to Filing Officer:		

Office Use Only



900320325279

11/06/18--01012--018 **30.00

O SIMM**ONS** JAN 0 9 2019



November 27, 2018

CAROLINA LLANO 7600 E DOUBLETREE RANCH RD, STE 100 SCOTTSDALE, AZ 85258-P

SUBJECT: DG 2102, LLC Ref. Number: L11000091466

We have received your document for DG 2102, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Registered agent company name cannot be a trademark, has to be an active business.

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.

Letter Number: 018A00024167

Octavia L Simmons Regulatory Specialist III

COVER LETTER

	Registration Sec Division of Corp			
cun ice	DG 2102, L	LC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Carolina Llano		
			Name of Person	
		FineMark National Bank &	t Trust	
		·	Firm/Company	
	7600 E. Doubletree Ranch Rd., Suite 100			
			Address	
		Scottsdale, Arizona 85258		
			City/State and Zip Code	
		cllano@finemarkbank.com		
		E-mail address: (t	to be used for future annual report notifi	ication)
For furthe	er information co	oncerning this matter, please ca	ill:	
Carolina	Llano		480 607-4885	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$ 25.0	0 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:

TO:

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

	DG 2102, LLC	
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
he Articles of Organization for this Limited I	Liability Company were filed or	August 8, 2011 and assigned
lorida document numberL11000091466		
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability compan	y here:
he new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	·
		.5
	·	
		Z
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	Jeff Moes c/o FineMark Natio	onal Bank & Trust
New Registered Office Address:	12681 Creekside Lane	
	Enter	Florida street address
	Fort Myers	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 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, 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>	Type of Action
AMBR	Donald Z. Greinke	3327 Lake Shore Dr. Orlando, FL 32803	
•			Remove
•	Donald Z. Greinke Revocable		☐ Change
AMBR	Trust UAD 1/25/12, Donald Z. Greinke, Trustee	3327 Lake Shore Dr. Orlando, FL 32803	
			Remove
			Change
.			□ Add
			□ Remove
			Change
			□ Remove
			Change
		<u> </u>	□ Remove
			□ Change
			Remove
			Change

	-
	
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of files. If the date inserted in this block does not meet the applicable statuto	ling or more than 90 days after filing.) Pursuant to 605.0.
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective date date, but not an effective date date date date date date date dat	ctive time, at 12:01 a.m. on the earlier
ted 10-26-18	
///	
Signature of a member or authorized repres	sentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00