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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

DOUBLE D 1820 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:

Juan Dominguez

Name of Person

Double D 1820 LLc

Firm/Company

1820 N. Corporate Lakes Blvd. Suite 103

Address

Weston, FL 33326

City/State and Zip Code

jcdrealtor@hotmail.com

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

For further information concerning this matter, please call:

Juan Domniguez

Name of Person

954 275-7112

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

1820 Double D 1820 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 Liab Florida document number L12000027907	pility Company were filed on 02/27/2012	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the	_	2013 APR 25 SECRETARY
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desig	gnation "LLC of thembereviation
Enter new principal offices address, if applicable of the application of the address MUST BE A STREET.		DU .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	, Flo	orida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	Name	Address 2	ype of Action
MGMR	JUAN DOMINGUEZ	1820 N. Corporate Lakes Blvd. Suite 103	Add
	· .	Weston, FL 33326	Remove
MGR	Maria E. Dominguez	1820 N. Corporate Lakes Blvd. Suite 103	- Add
 .		Weston, FL 33326	AddRemove
MGMR	Maria E. Dominguez	1820 N. Corporate Lakes Blvd. Suite 103	Add
		Weston, FL 33326	Remove
MGR	Juan Dominguez	1820 N. Corporate Lakes Blvd. Suite 103	Add
		Weston, FL 33326	Remove
		•	And
		SSE SE	A Remove
		E. FLORIDA	T F Add
		·	Remove

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<u> </u>	~	S/D	\sim		
	Signature of	a member or aut	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00