

L12 0000 33561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

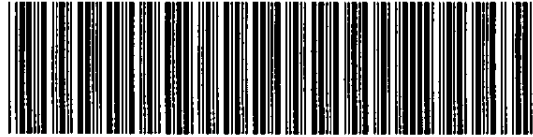
(Business Entity Name)

(Document Number)

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T. CLINE

NOV - 5 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV - 2 AM 10:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DHOP, 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:

Claudio Planzo
Name of Person

DHOP LLC
Firm/Company

1269 Bay Shore Blvd
Address

Dunedin FL 34698
City/State and Zip Code

~~Claudio Planzo@Verizon.net~~
E-mail address: (to be used for future annual report notification)
CLAUDIOPLANZOCE@VERIZON.NET

For further information concerning this matter, please call:

Duane Wright at (727) 831-7125
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV - 2 AM 10:56

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DHOP LLC

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

FILED
2012 NOV -2 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/8/2012 and assigned
Florida document number L12000033561

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1269
1269 Bayshore Blvd
Dunedin FL 34698

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~1269 Bayshore Blvd~~
~~Dunedin FL 34698~~
P.O. BOX 17067
CLEARWATER - FL 33762

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:

Claudio Planzo

New Registered Office Address:

1269 Bayshore Blvd

Enter Florida street address

Dunedin

City

Florida

34698

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.

(X)

Claudio Planzo

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

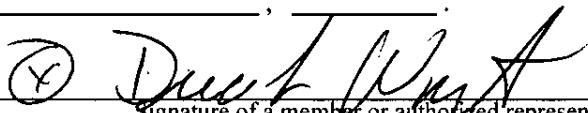
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Duane Wright	1269 Bayshore Blvd Dunedin FL 34698	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Claudio Planzo	1269 Bayshore Blvd Dunedin FL 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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2014
FALL
MANAGE
SECRETARY OF COUNCIL
2-2

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____


 Signature of a member or authorized representative of a member
 Duane L Wright
 Typed or printed name of signee