## L12000119497

(Requestor's Name)	· i
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## **COVER LETTER**

	Registration Se Division of Co		· ·			
SUBJEC	D.P. MIAN	MI ENTERPRISE LLC				
		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	C			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		MARISOL BROOKS				
			Name of Person	**		
		MTA & ASSOCIATES				
			Firm/Company			
		7975 NW 154 STREET S	TE 430			
			Address			
		MIAMI LAKES, FLORIL	DA 33016		2020	
		<del></del>	City/State and Zip Code		00T	
		MTATAX@LIVE.COM  E-mail address: (	to be used for future annual report notific	ation)	うち <u>1</u>	
For furthe	er information c	oncerning this matter, please c	·	wilding		!
MARISC	DL BROOKS		305 827-6088		2020 OCT - 1 PM 1: 10	
	Name o	f Person		Celephone Number	_	
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	on		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.P. MIAMI ENTERPRISE 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 Liability Company were filed on 09/19/2012 and assigned Florida document number \_L12000119657 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 BOX) 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.

City

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>	Name	Address	Type of Action
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