

#/ 12000157058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

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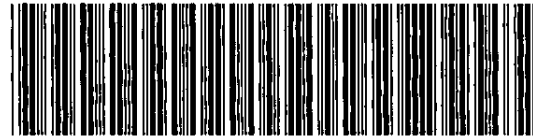
(Business Entity Name)

(Document Number)

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SHERIFF'S OFFICE OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

OCT 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeDPLAN, 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:

Sherill Mascia
Name of Person
DEDPLAN, LLC
Firm/Company
2434 Linkwood Ave
Address
Clermont, FL 34711
City/State and Zip Code

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

For further information concerning this matter, please call:

Sherill Mascia at (407) 205-0343
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DEDPLAN, LLC

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

FILED
13 OCT 16 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/10/2012 and assigned
Florida document number ~~1210~~ L12000157058

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)

2434 linkwood Ave

Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2434 LINKWOOD AVE

Clermont, FL 34711

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:

Shenil Mascia

New Registered Office Address:

2434 linkwood Ave

Enter Florida street address

Clermont

City

Florida 34711

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.

Shenil Mascia

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	Paul Ashcraft	915 liberty lane	<input type="checkbox"/> Add
		Avburndale, FL 33823	<input checked="" type="checkbox"/> Remove
MGR	Sherill Mascia	2434 Linkwood Ave	<input checked="" type="checkbox"/> Add
		clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 15, 2013.

Paul Ashcraft

Signature of a member or authorized representative of a member

Paul Ashcraft

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00