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SECRETARY OF STATE BIVISION OF CORPORATIONS

T. MATTHEWS JUN 1 4 2022

COVER LETTER

* : :

TO:

	gistration Sec vision of Corp			
eun iezer.	DC FL JJ I.			
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspoi	ndence concerning this matter	to the following:	
		LEYLA SCAPARONE		
			Name of Person	-
		JOHN P. MAAS, P.A.		
			Firm/Company	
		44 NE 16 STREET		
		-	Address	
		HOMESTEAD, FLORIDA	A 33030	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	itication)
For further i	nformation co	oncerning this matter, please ca	all:	
LEYLA SC	APARONE		305 247-7132 at (
	Name of	Person		ne Telephone Number
Enclosed is	a check for the	e 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)
	iling Address		Street Address:	etion
	gistration S vision of Co		Registration Se Division of Co	
P.(). Box 6327	7	The Centre of T	Fallahassee
Ta	Hahassee F	1 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

TO SECRETARY OF STATE DIVISION OF CORPORATIONS OF

DC FL JJ I. LLC	
(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.13000001885}{1.13000001885}$	any were filed on $\frac{01/04/2013}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited I</u>	iability company here:
The new name must be distinguishable and contain the words "Limited I,	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
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 offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new register</u>
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. Thereby 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>	<u>Name</u>	Address	Type of Action
MGR	Copeland, Darryl W, III, Trustee	19382 SW 293rd Street	= Add
		Homestead, Florida 33030	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

LIVING TRUST DAT	TED April 20, 2022.
	
•	
Note: If the date inserted in	an the date of filing:
e record specifies a delayed e rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April	20 2022
-	Signature of a member or authorized representative of a member

Filing Fee: \$25.00