

L1300000 62924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2020 APR -8 AM 9:12
SECURITY STATE
TALLAHASSEE, FL

APR 22 2020
C Kinsey

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Distinctive Investigations 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:

Robert Wigley

Name of Person

Distinctive Investigations LLC

Firm/Company

8668 Navarre Pkwy #159

Address

Navarre, Florida 32566

City/State and Zip Code

bob@distinctivepi.com

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

For further information concerning this matter, please call:

Robert Wigley

850

396-0082

at (_____) _____

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 Address:

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**

Distinctive Investigations 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 04/30/2013 and assigned
Florida document number L13000062924

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Distinctive Enterprises LLC

The new name must be distinguishable and contain 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)

7552 Navarre Pkwy

Suite 62

Navarre, FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8668 Navarre, Pkwy #159

Navarre, FL 32566

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TALLAHASSEE, FL

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

Florida

City

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 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.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Petra Wigley		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexandre J Santos	7552 Navarre Pkwy	<input checked="" type="checkbox"/> Add
		Suite 62	<input type="checkbox"/> Remove
		Navarre, FL 32566	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Reed W. Wenz
Signature of a member

Signature of a member or authorized representative of a member

Robert W. Wigley Jr.
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00