

L13000102044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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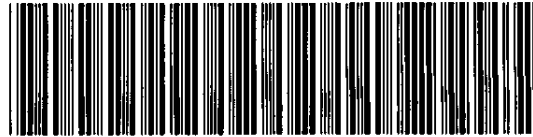
(Business Entity Name)

(Document Number)

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**CORPORATE
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amendment

1.

DD Consulting Group LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DD Consulting Group 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:

Jamie K. Bunkley

Name of Person

Tax Savers

Firm/Company

1300 Enterprise Drive Ste A

Address

Port Charlotte, FL 33953

City/State and Zip Code

jamie@taxsaversfl.net

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

For further information concerning this matter, please call:

Jamie K. Bunkley

941 625-1925

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DD Consulting Group 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 7/18/13 and assigned
Florida document number L13000102044.

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 "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 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:

Charles L. Sorrentino

New Registered Office Address:

65 Rosemary Street

Enter Florida street address

Port Charlotte

Florida 33954

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>
MGR/AM	Dana J Dowdy	4211 Kings Highway	<input type="checkbox"/> Add
		Punta Gorda, FL 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	Derek C Dowdy	4211 Kings Highway	<input type="checkbox"/> Add
		Punta Gorda, FL 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles L Sorrentino	4211 Kings Highway	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33980	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Debra M Sorrentino	4211 Kings Highway	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33980	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE
TAMPA, FLORIDA

[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)

Dated December 14 2016

Deek Dowdy

FILED
2018 FEB 15 A 8:59
CLERK OF STATE
TALLAHASSEE, FLORIDA