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## **COVER LETTER**

Division	of Corporations		110
SUBJECT:	W YNWOOD	EMBASSY	LLC
	Name of I	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:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

**Registration Section** 

□ \$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)

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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 A TO ARTICLES OF OR OF	
(Name of the Limited Liability Company (A Florida Limited Liab	ASSY LLC. as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u><u>L 13000 112188</u></u>	ere filed on <u>2013</u> , Avgust 6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u> <u>DANDEE</u> <u>CONTRACTORS</u> The new name must be distinguishable and contain the words "Limited Liability	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:	DANIEL O'Con	INOR MCCLUSKEY
New Registered Office Address:	9548 OAK Enter Florida s	Hollow Trail
		areel address
	TALLAHASSEE	, Florida <u>32309</u>
		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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	<u>Type of Action</u>
AMBR	DANIEL OCOMOR	9548 OAK Hollow Trai	
	Mc Cluskey (owner)	9548 OAK Hollow Trai TALLAHASSEE, FC	Remove
		32309	Change
MGR	<u>CHIARA SALDIVAR</u> McCLuskey		Add
	Mc CLUSKey	(Same)	Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated 05/07 /2019 ey Signature of a member or authorized representative of a member \_\_\_\_\_ CHIARA S. Mc CLUSKEY Typed or printed name of signed

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Filing Fee: \$25.00