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COVER LETTER

Division of Cor	porations				
SUBJECT: D.R.	Early Entupris	est LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person R. Early Entry: Firmy Company			
	2012	Duncan Trace	٤		
	dr1 ecrl	City/State and Zip Code Lyw gmail. Cur to be used for future annual report	120	2024 JAN 26 PH 4: 10	
For further information c	oncerning this matter, please ca	all:		6 P#	بيسم. الأ الاعدان
D~Cin Name o	Earley FPerson	at (396) S	72-8386 sytime Telephone Number	AN 26 PH 4: 10	ţ _a
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Control (additional coperation)	of Status & Opy	

Mailing Address:

.

Registration Section

TO:

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 ARTICLES OF ORGANIZATION **OF**

D.R. Ecv (Name of the Limited Li (A F)	ly Ent	verises, L	-LC		
(Name of the Limited Lie	orida Limited L	iability Company)	on our records.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L1400002068</u>		were filed on	02/06/201	and assigned	I
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabi	lity company her	<u>·e</u> :		
NA.					
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the de	signation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	:	<u>N.A.</u>			
(<u>Principal office address MUST BE A STREET AL</u>	DDRESS)				
Enter new mailing address, if applicable:		N.A		2024 JA	
(Mailing address MAY BE A POST OFFICE BOX	2			1 20	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ddress on our re	cords, <u>enter the n</u>	55 PH	istered
Name of New Registered Agent:	4.4			·	
New Registered Office Address:		Enter Florid	da street address		
			Florida		
		City	, гюпаа	Zip Code	viation "L.L.C." 2024 AH 26 PH
New Registered Agent's Signature, if changing Regist	tered 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 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
AMBR.	Transthy M. Norman	41933 Fine Valley Dr. Paisley, FL 32767	A I Add
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				14.1	•
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the tument's effective date on the Department of State's re-	e prior to date of fi applicable statute	iling or more than 90 ory filing requirem	_ (optional) days after filing.) I ents, this date w	Pursuant to 66 ill not be lis	05.020 sted as
cord specifies a delayed effective date, but not an effect s filed.	tive time, at 12:0	01 a.m. on the carli	er of: (b) The	90th day aft	er the
ed January 22 20	24				
~ ^ ^					
Signature of a member of					

Filing Fee: \$25.00