

L14000027639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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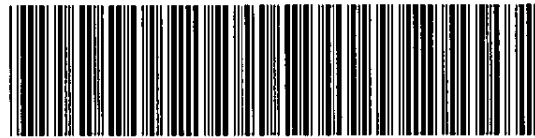
(Business Entity Name)

(Document Number)

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APPROVED
FILED
15 AUG 20 AM 10:52
RECEIVED
15 AUG 20 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44775544 66 0020027639

N. Cuffigan AUG 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ponte Vedra DNK 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:

Dedy Skowra
Name of Person

Ponte Vedra DNK LLC
Firm/Company

P.O. Box 330836
Address

Atlantic Beach, FL 32233
City/State and Zip Code

Firstcoast Realstate usa@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dedy Skowra at (904) 994-2897
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

FILED
AND
FILED

15 AUG 20 AM 10:58

Ponte Vedra DNK LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 01/24/2014 and assigned
Florida document number L14000027639

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)

695 ~~SEA~~ A1A #145
Ponte Vedra Beach
St. Johns County, FL 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 330836
Atlantic Beach
FL 32233

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:

Dedy Skowrya

New Registered Office Address:

~~SEA~~ 695 A1A #145

Enter Florida street address

Ponte Vedra Beach, Florida 32082
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	Ted Snowyra	13693 Picarsa Drive	<input type="checkbox"/> Add
		Jacksonville, FL 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dedy Skowycia	P.O. Box 330836	<input type="checkbox"/> Add
		Atlantic Beach, FL	<input type="checkbox"/> Remove
		32233	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/20/2015, 1

8/20/2015, 
Signature of a member

Signature of a member or authorized representative of a member

Dedy skow ya

Typed or printed name of signee