# LM000037985

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B. BOSTICK OCT 2 1 2014

EXAMINER

## COVER LETTER

TO: Registration Sec Division of Corp	ction corations	,	•		
DNA Prop	perties, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	John H. Reynolds, E	Esq.			
		Name of Person			
	Reynolds & Reynold	ls, P.L.			
		Firm/Company			
	120 S. Olive Ave, Su	uite 401			
		Address			
	West Palm Beach, F	FL 33401			
		City/State and Zip Code			
	john@reynoldsandre			74. 14. 14.	
	E-mail address: (	to be used for future annual report notification	on)	A Q	
For further information co	ncerning this matter, please ca	all:		SVA VALE	·
John H. Reynolds, I	Ξsq.	561 683-1033		ZON OCT 20 P 3: SECRETARY OF STA ALLAHASSEE. FLOO	
Name of Enclosed is a check for the		Area Code Daytime Tele	ephone Number	3: 21 STATE FLORIDA	O
	<del>-</del>	□ \$55.00 Elling Eng. 8:	□ \$40.00 E:1:.	C	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

#### 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

DNA Properties, LLC	ad Liability Commo				_
(Name of the Limit	(A Florida Limited	nny as it now appears on Liability Company)	our records.		
The Articles of Organization for this Limited Li Florida document number <u>L14000037985</u>	ability Company	were filed on 03/06	6/2014	and	assigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and end with the	words "Limited Liab	pility Company," the design	gnation "LLC" o	r the abbreviation	on "L.L.C."
Enter new principal offices address, if application	able:	269 NE 2nd Av	e., #5	<b>-</b> • ,	
(Principal office address MUST BE A STREE		Delray Beach, I	FL 33444	7914 C	5 1
		260 NE 2nd Av	9 45	001 20	
Enter new mailing address, if applicable:		269 NE 2nd Av	<del>`</del>	<u> </u>	1,1
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>	Delray Beach, I		<u> </u>	
B. If amending the registered agent and/registered agent and/or the new registered of			r records, <u>e</u>	nter the nar	ne of the n
Name of New Registered Agent:	Reynolds &	Reynolds, P.L.			
New Registered Office Address:	120 S. Olive	e Ave., Suite 401			
		Enter Florida s	treet address		
	West Palm	Beach	, Florid	a 33401	
		City		Zip Co	ode
New Registered Agent's Signature, if changing R	legistered Agent:		,		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this description.	er and complete stered agent as p registered office	performance of my provided for in Chap	duties and L oter 605, F.S.	a <del>m fami</del> liar Or, if this d	with and ocument is

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	*****		Add
			Remove
			□ Remove
<del></del>			□ Add
			□ Remove
<del></del>			
			LLAH SSEE FLORE
<del></del>			Pri Romove
			Add
			Remove

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	<del></del>	
tive data if ather than th	a data of filings	(ontional)
tive date, if other than th	ne date of filing:	(optional)
	ne date of filing:  Innot be prior to date of receipt or filed date and Florida Department of State)	cannot be more than 90 days after
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nte this document is filed by the I		(optional) cannot be more than 90 days after
nte this document is filed by the I		(optional) cannot be more than 90 days after
ate this document is filed by the I	Florida Department of State)	
October 14	Florida Department of State)  2014  Signature of a member or authorized representations.	
October 14	Florida Department of State)	

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Filing Fee: \$25.00

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TAIL AHASSEE, FLORIDA