

L14 0000 68894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

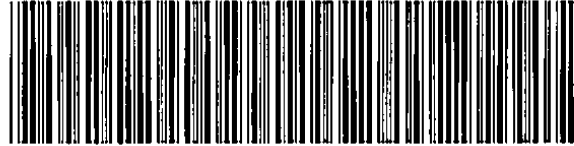
(Business Entity Name)

(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200352849732

RECEIVED

OCT 13 2020

10/14/20--01010--025 ++25.00

FILED  
2020 OCT 13 PM 4:41

NOV 17 2020

S. YOUNG

## COVER LETTER

JECT: \_\_\_\_\_  
Name of Limited Liability Company

we return all correspondence concerning this matter to the following:

---

Name of Person

Firm/Company
--------------

---

Address

City/State and Zip Code \_\_\_\_\_

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

D. Smith		904	570-0989
<hr/>		( <hr/> )	<hr/>
Name of Person		Area Code	Daytime Telephone Number

☐ \$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)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION  
TO  
ARTICLES OF ORGANIZATION  
OF

DS Construction & Permitting Services LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on April 28, 2014

da document number L14000068894

amendment is submitted to amend the following:

f amending name, enter the new name of the limited liability company here:

ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

r new principal offices address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

r new mailing address, if applicable:

iling address MAY BE A POST OFFICE BOX)

f amending the registered agent and/or registered office address on our records, enter the name of the new registered  
t and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

erby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	Michael A. Johnson	5748 110th St.	<input type="checkbox"/> Add
		Jacksonville, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Mark L. Irwin	5203 Redstone Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	William P. Varady	4417 Peppergrass St.	<input type="checkbox"/> Add
		Middleburg, FL 32068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Vanessa Marie Wood	6028 Stetson Rd.	<input type="checkbox"/> Add
		Jacksonville, FL 32217	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Debra L. Carter	12698 NE 139th Pl.	<input checked="" type="checkbox"/> Add
		Fort McCoy, FL 32134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

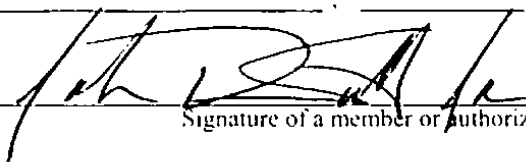
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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 document is filed.

dated October 9

2020



Signature of a member or authorized representative of a member

John D. Smith Jr

Typed or printed name of signee