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COVER LETTER

TO: Registration Se Division of Cor				
DJ BELAN SUBJECT:	GER INNOVATIONS, LLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DAVID J BELANGER			
	EN DEL ANGER DINOV	Name of Person		
	DJ BELANGER INNOVA	ATIONS, ELC		
	Firm/Company 978 ENGLISH TOWN LANE, APT 206			
	WINTER SPRINGS, FL 3	Address		
		City/State and Zip Code		10 10
	carmela@warnertaxgroupll E-mail address:	c.com (to be used for future annual report notifi	ication)	MER S
For further information c	oncerning this matter, please c	all:		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
DAVID J BELANGER		407 486-1637 at ()		of STALE SHE OR AT 101 CM II: 17
Name o	f Person		Telephone Number	E STALE E ORATIONS MILL 17
Enclosed is a check for the	he 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 State Certified Copy (additional copy is enc	

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

DJ I	BELANGER INN	OVATIONS, LLC		
(Name of the Lin	(A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited	Liability Compar	ny were filed on 07/07/2014	and assigne	d
Florida document number L14000107179	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lis	ability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."	,
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	<u>'ET ADDRESS)</u>		· · · · · · · · · · · · · · · · · · ·	
				2 (A)
F-4 (f (70	
Enter new mailing address, if applicable:				(<u>)</u>
(Mailing address MAY BE A POST OFFICE	E BOX)			<u> 무</u> 유
				-5m
B. If amending the registered agent and			• •	4
B. If amending the registered agent and	d/or registered	office address on our records,	enter the name of 1	he Be
registered agent and/or the new registered	office address he	ere:		()
Name of New Registered Agent:	N/A			
N D 1 1000 All				
New Registered Office Address:		Enter Florida street address		
		Flori	da	
		City	rap Coue	

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>	Address	Type of Action
MGR	ROBERT T MOTT III	1259 PALM DRIVE OVIEDO, FL 32765	Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			Change
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			☐ Remove
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effect		be specific and cannot be pri	or to date of filing or more t	(optional) han 90 days after filing.) Pursuant to	
	the date inserted in this blo t's effective date on the De			quirements, this date will not be	listed
			•		
recoi	rd specifies a delayed	effective date, but r	not an effective time	e, at 12:01 a.m. on the e	arlier
	Oth day after the reco				
	MARCH 20	2019			
ed	MARCH 20	1 2017	· ·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00