

L14000157304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 20 2014

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

DONNA FEINBERG
641 UNIVERSITY BLVD STE 101
JUPITER, FL 33458

SUBJECT: DR & DS LLC
Ref. Number: L14000157304

We have received your document for DR & DS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Keeping Same name just removing David Rankin and adding

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeffrey Shuman

Shelia H Young
Regulatory Specialist II

Letter Number: 714A00023239

** Keep the name as DR + DS LLC*

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: DR & DS 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:

Donna Feinberg
Name of Person

DR & DS LLC
Firm/Company

641 University Blvd. Suite 101
Address

Jupiter FL 33458
City/State and Zip Code

aqualaserstudio@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Feinberg at (561) 328-6435
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**

DR 8 DS LLC

(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 October 8, 2014 and assigned Florida document number L14000157304.

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 end with 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)

641 University Blvd. Suite 101
Jupiter FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

641 University Blvd. Suite 101
Jupiter FL 33458

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:

Donna Feinberg

New Registered Office Address:

641 University Blvd. Suite 101

Enter Florida street address

Jupiter, Florida 33458

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

AMBR = Authorized Member

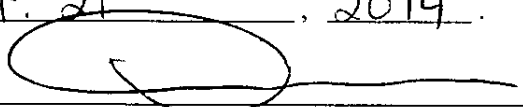
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dr. David Ranken	641 University Blvd. Suite 101+103	<input type="checkbox"/> Add
		Jupiter FL 33458	<input checked="" type="checkbox"/> Remove
AMBR	Jeffrey Shuman	641 University Blvd. Suite 101	<input checked="" type="checkbox"/> Add
		Jupiter FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: Oct 21 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct. 21, 2014



Signature of a member or authorized representative of a member

Donna Feinberg

Typed or printed name of signee