

L15000000502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

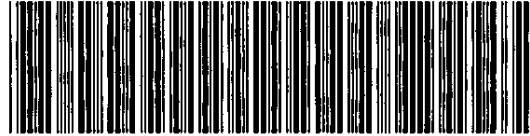
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 19 P 3:00

FILED

S Warren

AUG 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DGR Sales 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:

Damon Trawick
Name of Person
DGR Sales LLC
Firm/Company
698 Milwaukee Blvd
Address
Lehigh Acres FL 33974
City/State and Zip Code
dgrsales15@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damon Trawick at (239) 229-5055
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

(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 1-2-15 and assigned
Florida document number L15000000502.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
JAN 15 9 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Robin F Blackburn

New Registered Office Address:

(Same) 698 Milwaukee Blvd

Enter Florida street address

Lehigh Acres, Florida 33974

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.

Robin F. Blackburn

If Changing Registered Agent, Signature of New Registered Agent

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 MGR	<u>Danielle</u> <u>Gonzalez</u>	<u>698 Milwaukee Blvd</u>	<input type="checkbox"/> Add
		<u>Lehigh Acres FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33974</u>	<input type="checkbox"/> Change
MGR AMBR	<u>Damon Trawick</u>	<u>698 Milwaukee Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Lehigh Acres FL</u>	<input type="checkbox"/> Remove
		<u>33974</u>	<input type="checkbox"/> Change
AMBR	<u>Robin F. Blackburn</u>	<u>PO BOX 216</u>	<input type="checkbox"/> Add
		<u>Donalsonville GA</u>	<input type="checkbox"/> Remove
		<u>39845</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 JUN 19 P 3 00
CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: July 31, 2016 (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.

If the 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 record is filed.

Dated August 08, 2016.

Robin F. Blackburn

Signature of a member or authorized representative of a member

Robin F Blackburn

Typed or printed name of signee

FILED
2016 AUG 19 P 3:00
SECRETARY OF STATE
TAMMARTIN, FLORIDA