

L15000037940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

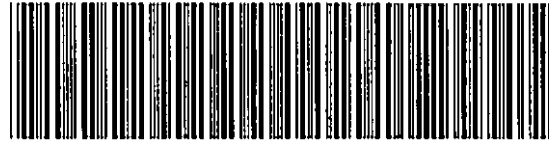
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 DEC 22 PM 3:11
CORPORATE
CLERK
TALLAHASSEE, FL

O SIMMONS
DEC 22 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2020

RACHEL CRUMBLEY
50 CENTRAL AVE
STE 800
SARASOTA, FL 34236

SUBJECT: DC INVESCO, LLC
Ref. Number: L15000037940

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

The attached form must be completed in order to file the document.

PLEASE SUBMIT PAGES 2 -3 OF FILING.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00023002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC Invesco, 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:

Rachel Crumbley

Name of Person

Chessler Holdings LLC

Firm/Company

50 Central Ave. Suite 800

Address

Sarasota FL 34236

City/State and Zip Code

rachel@chesslerholdings.com

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

For further information concerning this matter, please call:

David Saslow

Name of Person

941 957-8456
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION FILED
OF**

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DC Invesco, LLC

(Name of the Limited Liability Company as it now appears on our records.) DE STATE
(A Florida Limited Liability Company) PALM BEACH, FL

The Articles of Organization for this Limited Liability Company were filed on 3/2/2015 and assigned
Florida document number L15000037940.

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)

50 Central Ave.

Suite 800

Sarasota FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

50 Central Ave.

Suite 800

Sarasota FL 34236

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:

Saslow Law PLLC

New Registered Office Address:

50 Central Ave., Suite 800

Enter Florida street address

Sarasota

Florida

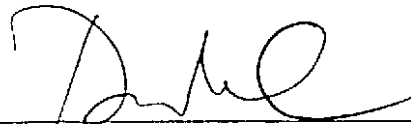
34236

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.



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

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SECRETARY OF STATE
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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

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DEPARTMENT OF STATE
TALLAHASSEE, FL

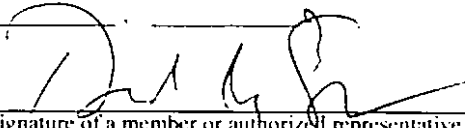
E. Effective date, if other than the date of filing: _____ (optional)

(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.

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 _____


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00