

L15000054057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

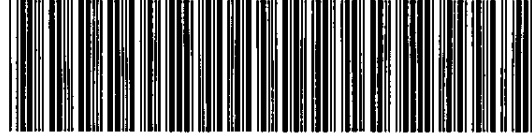
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/15--01037--024 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR -6 PM 2:40

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APR 21 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: De Manco Land Restoration, 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:

Dustin Finch
Name of Person
De Manco Land Restoration, LLC
Firm/Company
18769 43rd Rd N
Address
Loxahatchee, FL 33470
City/State and Zip Code
dustinkfinch@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin K Finch at (386) 337-1443
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**

De Manco Land Restoration, 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 03/26/2015 and assigned Florida document number L15000054057.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

De Monaco Land Restoration, LLC

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)

18769 43rd Rd N

Loxahatchee, FL 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18769 43rd Rd N

Loxahatchee, FL 33470

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:

Dustin K Finch

New Registered Office Address:

18769 43rd Rd N

Enter Florida street address

Loxahatchee

Florida

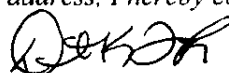
334 70

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

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MAR 26 2015
6 PM 2:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	Finch, Dustin K	DKF (NOT TO BE CHANGED)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Douglas Dexter	17513 61st Place N. Loxahatchee, FL. 33470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

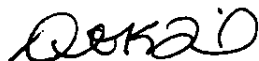
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

3/30/15



Signature of a member or authorized representative of a member

Dustin K Finch

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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