# L500)50644

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bo	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Discovery Properti	ies Group, LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark 93 -71
			Merger File
			Art. of Amend. File Sign of Tri
			RA Resignation Dissolution / Withdrawal Dissolution / Withdrawal Dissolution / Rejectorement
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
	<del></del>		Driving Record
Requested by: SN	09/16/15		UCC 1 or 3 File
Name	<del></del>	Time	UCC 11 Search
Name	Date	THIC	UCC 11 Retrieval
Walk-In	Will Pick Un		Courier

ř,

## **COVER LETTER**

TO: Registration Solution of Con		
Discovery	Properties Group, LLC	
SUBJECT:	Name of Limited Liability Company	
	f Amendment and fee(s) are submitted for filing.	
	Daniel J Depies	
	Name of Person	<del></del>
	Discovery Properties Group, LLC	
	Firm/Company	
	2375 Indian Trail E	73 <b>3</b>
	Address	1 S 1
	Palm Harbor, Florida 34683	100 m
	City/State and Zip Code	
	ddepies@tampabay.rr.com	
For further information c	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	, and the second
Daniel J Depics	727 365-8151 at ( )	
Name o	of Person Area Code Daytime Teleph	ione Number
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)	2 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Discovery Properties Group, LLC	
(Name of the Limited Liability Company as it not (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 9/2/2015 and assigned
Florida document number L15000150644	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	52. 92 77
Enter new mailing address, if applicable:	1972 TO 1975
(Mailing address MAY BE A POST OFFICE BOX)	2.4 C
	,
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Ei	nter Florida street address
	, Florida
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Igor Savic	2420 Woodlawn Circle West	
		St. Petersburg, FL 33704	■ Remove
			☐ Change
	<del></del>		DAdd
			□ Remove
			Change
	<del></del>		Add S
			☐ Remove
			Change
			Add
			Remove
			☐ Change
<del></del>	·		□ Add
		☐ Remove	
			☐ Change
			□ Remove
			Change

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	<b>(語)</b> 6
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or ote:  If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ted September 15 , 2015 .	

Page 3 of 3

Filing Fee: \$25.00