# L16000129102

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	<u></u>	067

Office Use Only

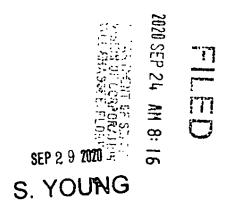


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### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2020

CALE BROWNING BROWNING ACCOUNTING GROUP CORP 1991 S KANNER HWY STUART, FL 34994

SUBJECT: D & R RESCREENING LLC

Ref. Number: L16000129102

We have received your document for D & R RESCREENING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Shelia S Young Regulatory Specialist II

Letter Number: 720A00016938

www.sunbiz.org

## **COVER LETTER**

TO:

	on Section f Corpora				
CHILIPPT.	D+ f	2 Rescheening	, LLC		
SUBJECT:			ited Liability Company		
The enclosed Articl	es of Amer	ndment and fee(s) are sub	mitted for filing.		
Please return all co	rresponden	ce concerning this matter	to the following:		
	_	Cale	BROWNIN9 Name of Person	· -· — —	
			Name of Person		
	_	BROWNING (	accounting Gr	Roup CORP	<del></del>
		J	Firm/Company		•
		1991 S. Kann	er Hwy		
			Address		
		Stuget, F	City/State and Zip Code ACCTO granil, Co to be used for future annual i		
	_	,	City/State and Zip Code		
		BROWNING	ACCTO granil. CO	M	
	_	E-mail address: (	to be used for future annual i	eport nontication)	_
For further informa	ition conce	rning this matter, please c		-	
Cale	Brown	1.49	at ( <u>777</u> )	266-4712	
>	lame of Pers	on	Area Code	Daytime Telephone Nut	nber
Enclosed is a check	c for the fol	lowing amount:			
[] \$25,00 Filing I	fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl	Certi losed) Certi	0 Filing Fee. ficate of Status & fied Copy ional copy is enclosed)
Mailing A	ddress: tion Secti	ion	Street Ad Register		
•	of Corpo		Registration Section Division of Corporations		
P.O. Bo:	•			ntre of Tallahassee	
	see, FL 3	2314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



Phone (772) 266 - 4712 Fax (772) 266 - 4439 Email: BrowningAcct@gmail.com Income Tax Service ~ Bookkeeping ~ Payroll Solutions ~ Consulting

From The Desk of Jeff Jerkins

September 21, 2020

Dear FL Dept. of State:

Greetings! My name is Jeff Jerkins, an accountant from Browning Accounting Group Corp. I am writing you on behalf of D & R Rescreening, LLC. Their EIN is 46-5426334. Their Document number with the state of Florida is: L16000129102. Their address is 4650 SW Scanavino St., Port St Lucie, FL 34953.

On July 14 of this year, I submitted an "Articles of Amendment" form in order to change the status of one of their officers. We had filed a Form 2553 S-selection with the IRS and D & R Rescreening is now an S-corp with the IRS. Not realizing the difference and forgetting that with the state of Florida, they are still recognized as an LLC, I used the wrong form when I submitted it to you. You have since sent the form back to me explaining this. Thank you!

I have re-done the paper work, this time on the correct form and am re-submitting it to you. I sent you a check for \$52.50 the first time, which you kept and deposited. Since the price for Filing fee, Certificate of Status, and Certified Copy is a total of \$60.00 for an LLC instead of the previously sent \$52.50, I am enclosing a check for an additional \$7.50 to make up the difference. I have also enclosed a copy of the previous check that you have again, already deposited.

If you need anything else of have any questions, please call me, Jeff Jerkins, at (772)266-4712. Thank you and have a great day!

Jeff Jerkins Accountant

H fulling

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

D+R Rescre	ening L	LC	<u> </u>	N SEI	m. 1 m. 1
(Name of the Limited (A	Liability Compan Florida Limited Li	iy as it now appears on our lability Company)	r records.)	24	
The Articles of Organization for this Limited Liab Florida document number <u>L 16000   29 M</u>	lity Company v	were filed on07/	07/201	#8: 16	signed)
This amendment is submitted to amend the following	រាជិ:				
A. If amending name, enter the new name of th	e limited liabil	lity company here:			
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the designation	on "LLC" or the	abbreviation "I.	.L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>				<del></del>
				·	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ddress on our records.	enter the na	me of the ne	w registered
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stree	a address		<del></del>
		Lance i manne su ev			
-	+	City	Florida _	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	Beck, Robert J.	514 SW. Indian Key	DR. XAdd
		Port St. Lucie, FL.	
			[]Change
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fective	date, if other than the date of filing: (optional)
an errect lote: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	Es effective date on the Department of State's records.
record s	pocifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed	
ited	September 21. 2020.
<del></del>	September 21 2020.
	Talke a Bed
	Signature of a member or authorized representative of a member
	Patricia Beck

Typed or printed name of signee