

L16000177465

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAY 19 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: D'DUMPER 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:

DOUGLAS A. ROSS  
\_\_\_\_\_  
Name of Person  
  
DEBBIE DUMP'R LLC  
\_\_\_\_\_  
Firm/Company  
  
5117 SHAD DR  
\_\_\_\_\_  
Address  
  
SEBRING FLORIDA 33870  
\_\_\_\_\_  
City/State and Zip Code  
  
DOUG@ONVELOCITY.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS A. ROSS  
\_\_\_\_\_  
Name of Person  
at ( 786 ) 367-6098  
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)

*Florida Department of State*

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TALLAHASSEE, FLORIDA

**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**

D'DUMPER 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 09/22/2016 and assigned Florida document number L16000177465.

This amendment is submitted to amend the following:

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

DEBBIE DUMP'R LLC

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:**

5117 SHAD DR

**(Principal office address MUST BE A STREET ADDRESS)**

SEBRING FL 33870

**Enter new mailing address, if applicable:**

5117 SHAD DR

**(Mailing address MAY BE A POST OFFICE BOX)**

SEBRING FL 33870

**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: \_\_\_\_\_

New Registered Office Address:

5117 SHAD DR

*Enter Florida street address*

SEBRING

*City*

, Florida 33870

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Douglas A. Ross, JR.	76 W. RUTLAND SQ., 201	<input type="checkbox"/> Add
		BOSTON MA 02118	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TREASURY DEPT.  
 1700 PENNSYLVANIA AVE.  
 WASHINGTON, DC 20540

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

Multiple horizontal lines for amending information.

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 May 15, 2017

Signature of a member or authorized representative of a member

Douglas A. Ross

Typed or printed name of signee

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TALLAHASSEE, FLORIDA