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11/21/24--01008--012 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp			
cum IF	Orlando D a	& D LLC		
SUBJEC	تا: <u></u>	Name of Limit	ted Liability Company	_
The encl	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please ro	etum all correspo	ndence concerning this matter t	to the following:	
		Courtney Rooney		
			Name of Person	
		Orlando D & D LLC		
			Firm/Company	
	8815 Conroy Windermere Rd #311			
			Address	
		Orlando, FL 32835	<u>-</u>	
			City/State and Zip Code	
		info@orlandodeckanddock.	com to be used for future annual report notification)	- s 25
For furt	her information c	oncerning this matter, please or		24 HO ECRE TAL
David I			844 2003625	W 21
	Name o	f Person	Area Code Daytime Telephone Nun	SECRETARY OF STALLARY SEE. FI
Enclose	ed is a check for t	he following amount:		三元 8
■ \$2 5	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	D Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	Mailing Addre Registration Division of C	Section	Street Address: Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando D & D LLC					
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L		y were filed on 2/24/20	017	and ass	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design	nation "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREI	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office		N/A	rds, enter the nai	SECHETAR YOUR OF the ME	w registered
agent and/or the new registered office addre	ess here:			7 co -	
Name of New Registered Agent:	N/A				5
New Registered Office Address:	N/A				
		Enter Florula .	sireei address		
		Z250-	, Florida _	Zip Code	
		City		z.yr coae	

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
AMBR	Jeffry Sanchez	8815 Conroy Windermere Rd #311, Orlando, FL 3283	35 _ ■ Add
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			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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ffective date, if other than the	dota of filings		(option	al)	
an effective date is listed, the date mu	st he specific and cannot be prio	r to date of filing or more	than 90 days after fil	ing.) Pursuant to 60	5.020
lote: If the date inserted in this bocument's effective date on the D	lock does not meet the appli epartment of State's records	cable statutory filing re i.	quirements, this d	ate will not be its	ated a
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record specifies a delayed effective	ve date, but not an effective	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th day aft	er th
d is filed.					
November 14	2024				
November 14		<u> </u>			
Cauntin	y Roonsy Signature of Thember or aud				

Filing Fee: \$25.00