

L17000064310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 APR -6 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Who it May Concern:

4/02/207

Florida Department of State

Please see changes on LLC

Regards

Luis A Figueroa

A handwritten signature in black ink, appearing to read 'Luis A Figueroa', with a stylized flourish at the end.

1761 Se Adair Rd

Port Saint Lucie Florida

720 233 0267

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAFIGS PARADISE 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:

DANIEL FIGUEROA

Name of Person

Firm/Company

1761 SE ADAIR RD

Address

PORT SAINT LUCIE FLORIDA 34952

City/State and Zip Code

DAGAFIG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL FIGUEROA

720 233-0267
at (_____) _____

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**

DAFIGS PARADISE 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 3/21/2017 and assigned
Florida document number L17000064310.

This amendment is submitted to amend the following:

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

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: _____

(Principal office address MUST BE A STREET 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 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:

DANIEL A FIGUEROA

New Registered Office Address:

1761 SE ADAIR RD

Enter Florida street address

PORT SAINT LUCIE

, 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>	<u>Address</u>	<u>Type of Action</u>
MRB	LUIS A FIGUEROA	101 N CAROLYN DR	<input checked="" type="checkbox"/> Add
		CHOCTAW OK 73020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL A FIGUEROA	1761 SE ADAIR RD	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	ALICIA FIGUEROA	101 N CAROLYN DR	<input type="checkbox"/> Add
		CHOCTAW OK 73020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	CATHY CORY	1761 SE ADAIR RD	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL 34952	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 APR -6 AM 7:07
SECRETARY OF STATE
INTEL/INASSER, FLORIDA

SECRETARY OF STATE
WASHINGTON, D.C.
17 APR -6 AM 7:07

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee