

L17000064902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700301646477

07/24/17--01020--022 **25.00

STATE OF FLORIDA
TALLAHASSEE

2017 JUL 24 AM 10:41

FILED

JUL 27 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DND Discount Auto 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:

Dwin E Ollison
Name of Person
DND Discount Auto LLC
Firm/Company
3520 Middletown St
Address
Port Charlotte, FL 33952
City/State and Zip Code
thecareexchange@Live.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwin E. Ollison at (573) 746 0506
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

DND Discount Auto 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 03/21/17 and assigned
Florida document number L17000064902

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 "LLC."

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:

New Registered Office Address:

Enter 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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MBR	DENNIS Trusty	23162 Maclellan Ave Punta Gorda, FL 33980	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	---------------	----------------------------------------------	----------------------------------------------------------------------------

MBR	Rebecca Ollison	3520 Middletown St Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	-----------------	------------------------------------------------	----------------------------------------------------------------------------

☐ Change

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

FILED
2017 JUL 24 AM 10:41
STATE OF FLORIDA
TALLAHASSEE COUNTY

[illegible]

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.

Dated

7/20/17

to Glen

Signature of a member or authorized representative of a member

WIN E. OLLISON
Typed or printed name of signee

Typed or printed name of signee

2017 JUL 24 AM 10:41
SECRETARY OF THE
TALLAHASSEE TRIBUNE

100