

L17 000073191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

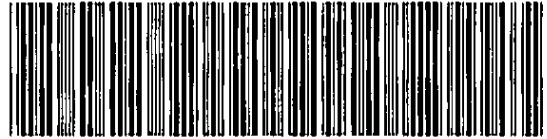
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/13

Office Use Only



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08/16/21--01035--026 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 13 AM 9:36

FILED

LLC
Amend.

OCT 08 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2021

SUDKHANUENG BYNOE
210 NORTH UNIVERSITY DRIVE
SUITE 700
CORAL SPRINGS, FL 33071

SUBJECT: DJY PROPERTY MANAGEMENT COMPANY, LLC
Ref. Number: L17000073191

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 921A00020626

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: DJY Property Management Company LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sudkhanueng Bynoe
Name of Person

DJY Property Management Company LLC
Firm/Company

210 North University Drive, Suite 700
Address

Coral Springs / Florida / 33071
City/State and Zip Code

jane@weaworld.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sudkhanueng Bynoe 954 973 5537
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 SEP 13 AM 9:36
and signed
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Sudhanshu P. Bynwe
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00