## L17000073191

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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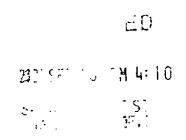
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August 26, 2021

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.

Letter Number: 921A00020626

Querida R Silas Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

	stration Se ion of Cor					
		DJY Property M	anagement Company LLC			
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return a	dl correspo	indence concerning this matter	to the following:			
			Sudkhanneng Bynoe			
			Name of Person			
		DJY Proj	perty Management Company LI	LC		
			Firm/Company			
	210 North University Drive, Suite 700					
			Address			
		Coral Springs / Florida / 33071				
			City/State and Zip Code			
			jane@weaworld.com			
			to be used for future annual report :	notification)		
For further inf	ormation c	oncerning this matter, please ca	all:			
	Sudkhan	neng Bynoe	954 at ()	973 5537		
Name of Person		Area Code Day	time Telephone Number			
Enclosed is a	check for th	ne following amount:				
□ \$25.00 Fi	ling 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)		
	ing Addres		Street Address	<del></del>		
_	istration S	Section Torporations	Registration Division of C			
	Box 632			of Tallahassee		
Talla	ahassee, I	FL 32314	2415 N. Mor	nroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJY Property Manag	• •		202 15A
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears liability Company)	on our records.)	SEP CRIC
The Articles of Organization for this Limited Liability Company Florida document numberL17000073191	were filed on	March 31, 2017	Strand assigned
This amendment is submitted to amend the following:			9: 36
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	<b>T</b>
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	210 North Unive	ersity Drive, Suite 70	)
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, F	lorida 33071	
Enter new mailing address, if applicable:	210 North Unive	ersity Drive, Suite 70	0
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, F	lorida 33071	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		cords, <u>enter the na</u>	ime of the new registered
<del></del>	City	, Florida	Zio Code
	CHY		гір Соае

## 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>	Type of Action
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			□Remove
			Change
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	late inserted in this block does ffective date on the Departmen		ne statutory ming requ	mements, this date with	not be fisted as t
an effective di	te, if other than the date of ate is listed, the date must be speci	fic and cannot be prior to	date of filing or more tha	(optional) in 90 days after filing.) Pur	suant to 605,0207
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Filing Fee: \$25.00