117000077324

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>. </u>
(Document Number)	
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MAY 1 8 2017 S. YOUNG TALL'AHASSES, FLORIDA

COVER LETTER

Div	vision of Cor	porations	* 5,1	•	
. SUBJECT:	DPU Prope	rty Management LLC	•		
SUBJECT:		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Daniel R Sapp			
			Name of Person		
		DPU Property Managemen	nt LLC		
			Firm/Company		
		547 East Ivan Road			
			Address		1
		Crawfordville, Florida 323	327		17 MAY
			City/State and Zip Code		
		portiasuz@aol.com			I
		E-mail address: (to be used for future annual report noti	fication)	並
For further i	nformation co	oncerning this matter, please ca	all:		17 MAY 17 PH 3: 15
Daniel R Sa	ірр		850 1987 (1987)	926-1035	C)3
	Name of	Person		e Telephone Number	
Enclosed is	a check for th	e following amount:			
■ \$25.00 F	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 Statu Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

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

(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 part of the Limited Liability Company were filed on the Limited Liability Company were filed on part of the Limited Liability Company were filed on the Liability Company w	DPU Property Management LLC	
Florida document number L17000077324 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:	(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) Liability Company)
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:		y were filed on 04/06/2017 and assigned
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:	This amendment is submitted to amend the following:	
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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 new principal offices address, if applicable:	
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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 new mailing address, if applicable:	3. OR
Name of New Registered Agent: New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
Name of New Registered Agent: New Registered Office Address:		
New Registered Office Address:		
New Registered Office Address:		
	Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
Enter Florida street address	New Registered Office Address:	
•		Enter Florida street address
	·	, Florida
City Zip Code		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>	Address	Type of Action
MGR	Portia Sapp	547 East Ivan Rd.	
		Crawfordville, FL 32327	□ Remove
			' □ Change
	<u></u>		□ Add
		·	□ Remove
			Change
			Add
			☐ Add Remove
			☐ Add:
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If an effective date i Note: If the date	if other than the da is listed, the date must be inserted in this block ctive date on the Depar	e specific and does not m	cannot be prior neet the applic	to date of filing able statutory	or more than 90 filing requirem	_ (optional) days after filing.) Pur ents, this date will	suant to 605.020) 7 (3)(
	cifies a delayed e y after the record		ate, but no	t an effecti	ve time, at 1	2:01 a.m. on	the earlier o	of:
Dated	May 11	······································	2017	·	utive of a membe			
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Page 3 of 3

Filing Fee: \$25.00

Amendment to Members of DPU Property Management LLC

Dan Sapp 547 East Ivan Rd Crawfordville FL 32327 850-570-1014

SECRETARY OF STATE TALLAHASSEE, FLORIDA