

L1700009350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

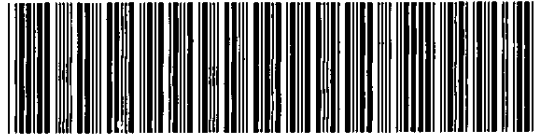
(Business Entity Name)

(Document Number)

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MAY 15 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & S HOLDINGS OF FLORIDA, 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:

~~SHANNON LONG~~

*Edward Koren*

Name of Person

Firm/Company

~~13963 SPECTOR ROAD APT 201~~

*114 Hickory Creek Dr.*

Address

~~LITHIA, FL 33547~~

*Brandon, FL 33511*

City/State and Zip Code

~~READP@CCHRP.COM~~

*bpk3579@yahoo.com*

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

For further information concerning this matter, please call:

EDWARD F KOREN

813

220 9562

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**

D95 Holdings of Florida, 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 APRIL 27, 2017 and assigned Florida document number L17000009350.

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:

1120 SWILLEY ROAD

(Principal office address MUST BE A STREET ADDRESS)

PLANT CITY, FL 33567

Enter new mailing address, if applicable:

1120 SWILLEY ROAD

(Mailing address MAY BE A POST OFFICE BOX)

PLANT CITY, FL 33567

**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:

EDWARD F KOREN

New Registered Office Address:

1120 SWILLEY ROAD

*Enter Florida street address*

PLANT CITY

, Florida 33567

*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>
MGR	SHANNON LONG	13963 SPECTOR ROAD	<input type="checkbox"/> Add
		APT 201	<input checked="" type="checkbox"/> Remove
		LITHIA, FL 33547	<input type="checkbox"/> Change
MGR	DAN KOREN	13963 SPECTOR ROAD	<input type="checkbox"/> Add
		APT 201	<input checked="" type="checkbox"/> Remove
		LITHIA, FL 33547	<input type="checkbox"/> Change
MGR	EDWARD F KOREN	1120 SWILLEY ROAD	<input checked="" type="checkbox"/> Add
		PLANT CITY, FL 33567	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOUISE P KOREN	1120 SWILLEY ROAD	<input checked="" type="checkbox"/> Add
		PLANT CITY, FL 33567	<input 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 MAY 12 PM 2:11

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

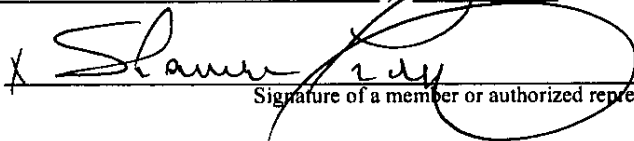
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated MAY 8

2017

X 

Signature of a member or authorized representative of a member

SHANNON LONG

Typed or printed name of signee