17000164959

Office Use Only



600304439506

10/12/17--01028--010 **25.00

00T 1 117

COVER LETTER

	Registration Solivision of Col						
SUBJECT	DCJRV, L	rc					
SUBJEC.	Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please rett	ım all correspo	ondence concerning this matter	to the following:				
		Chris Vanzant					
			Name of Person				
		DCJRV, LLC					
			Firm/Company				
		6966 Business Park Blvd.	, N.				
			Address				
		Jacksonville, FL 32256					
			City/State and Zip Code				
		cvanzant@landon-homes.n		*			
For further	information c	oncerning this matter, please o	to be used for future annual report notifiall:	ncation)			
Chris Van	zant		904 545-3762 at ()				
-	Name o	f Person		c Telephone Number			
Enclosed is	s a check for th	ne 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

DCJRV, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/02/2017 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
	<u>.</u> 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	교 ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Litter 1 tortuit sit eet titut ess
	, Florida

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>	Name	Address	Type of Action
MGR	Dennis Ginder	6966 Business Park Blvd., N.	
		Jacksonville, FL 32256	■ Remove
			☐ Change
MGR	Jesse Killebrew	6966 Business Park Blvd., N.	∃ Add
		Jacksonville, FL 32256	□ Remove
			☐ Change
			Add
			□.Remove
			□ Change
			Change
			☐ Remove
			Change
			Remove
			Change

, -	
	
·	
	7
	
	- 1
	, o
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fili If the date inserted in this block does not meet the applicable statutor iment's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
anem 3 enterire date on the Department of State 5 feeded.	
ecord specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	/
d Octimen 6. 2017	
d <u>VC111741 - 6</u>	
Signature of a member or authorized represe	

Page 3 of 3

Filing Fee: \$25.00