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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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## **COVER LETTER**

	egistration Sec vision of Corp			
SUBJECT	Daland & M	IRR Enterprises LLC		
SUBJECT	•	Name of Limi	ted Liability Company	<del></del>
The enclose	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retui	m all correspor	ndence concerning this matter t	to the following:	
		Marie R Roger		
			Name of Person	
			Firm/Company	
		1905 Clint Moore Rd Ste	305	
		Boca Raton, FL 33496	Address	
		rubby.roger@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	ill:	
Marie R R	loger		561 707-8542 at ( )	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for the	e 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

Daland & MRR Enterprises LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	SO ZI PO
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	17649 MIDDLEBROOK WAY
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33496
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17649 MIDDLEBROOK WAY BOCA RATON, FL 33496
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida
-	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 ameading 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
AMBR	ROGER, MARIE R	17649 MIDDLEBROOK WAY BOCA RATON, FL 33496	
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		08/10/2018		
ffective date,	if other than the dat	te of filing:		(optional)
iote: If the dat	e inserted in this block	specific and cannot be prior to does not meet the applicabilitiment of State's records.	date of filing or more than 90 le statutory filing requirem	days after filing.) Pursuant to 605.020 ents, this date will not be listed a
	cifies a delayed ef ay after the record		an effective time, at 1	2:01 a.m. on the earlier
bated			_	
		, -1/1/	)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00