# 117000 192 864

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danish Market)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200312515472

05/02/18--01020--020 \*\*25.00



J. HARRIE

# **COVER LETTER**

	ision of Cor			
SUBJECT:	Denajets Ll	.C		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Aldene McKenzie		
			Name of Person	
		Denajets+LC44w	PLLC	
			Firm/Company	·····
		1293 N University Drive #	320	
		<u> </u>	Address	
		Coral Springs, Fl. 33071		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		admin@denajetsllc.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Aldene Mcl			954 533-8969 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	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, F1. 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2018

ALDENE MCKENZIE 1293 N UNIVERSITY DR #320 CORAL SPRINGS, FL 33071

SUBJECT: DENAJETS LLC Ref. Number: L17000192864

We have received your document for DENAJETS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 118A00009279

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denajets LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000192864	were filed on September 18, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Denajets PLL (	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6370 N State Road 7 Unit 119	20
(Principal office address MUST BE A STREET ADDRESS)	Coconut Creek, Fl. 33073	E337-
Enter new mailing address, if applicable:	1293 N University Drive #320	77
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, Fl. 33071	100 CP
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u> .	, 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 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
AMBR	Grace Martin	1293 N University Drive #320	
		Coral Springs, Fl., 33071	■ Remove
			☐ Change
<del></del>			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
	<del> </del>		Add
			□ Remove
			Change
		·	
			Remove Change
			Change 7
			Remove
			Change

Limited Liability Company may be organized in the State of Florida.	
	<del></del>
	·
	<del></del>
ective date, if other than the date of filing: (optional official of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90	I) og ) Pursuant to 605 02:
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date tument's effective date on the Department of State's records.	
same it selective date on the partition of state s records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	. on the earlier
June 6 2018	
red	<del>;</del> •
	2018 13.1 i
AH II	2018 JUN

Page 3 of 3

Filing Fee: \$25.00