## 118000103331

(Requestor's Name)	
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PICK-UP WAIT M	AIL
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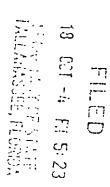


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S. YOUNG



## **COVER LETTER**

TO: Registration S Division of Co	ection rporations	•			
D&E SHC	DRT LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Dane Short				
		Name of Person			
	D&E SHORT LLC				
		Firm/Company			
	6901 Beargrass rd.			72/2 00	
		Address			77
	Harmony, FL 34773				17
		City/State and Zip Code			مــــر اســا
	dashort13@gmail.com E-mail address:	to be used for future annual report notifi	ication)	5: 23 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	
For further information	concerning this matter, please c		,	. 27.11 (3	
Dane Short		407 747-1695 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

D&E SHORT LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our r limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number L18000103331	mpany were filed on April 24, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	and assigned  "LLC" or the abbreviation "L.L.C."  "C
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>
Enter new mailing address, if applicable:		1110
(Mailing address MAY BE A POST OFFICE BOX)		
	<del>- ·</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
	CVA.	
	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>	Name	Address	Type of Action
AMBR	Ellen Short	6901 Beargrass Rd. Harmony, FL 34773	Add
			☐ Remove
			Change
			☐ Remove
			Change
		·	<u> </u>
			Remove
			- \$\frac{1}{2} \rightarrow \frac{1}{2} \rightarrow \f
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	, ,	Ν.		
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		filing.) Pursua		
the record specifies a delayed effective date, but not an effective of the sound of the secord is filed.	ve time, at 12:01 a	.m. on the	earli	er of:
Dated October 1st 2018				
,	_			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00