

**LIQUOR NO 319**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

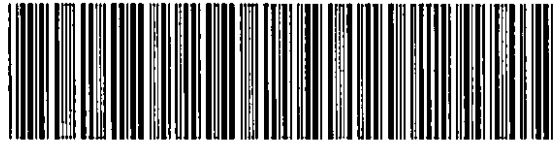
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**2018 JUL 23 PM 4:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**FILED**

**D BRUCE**  
**JUL 28 2018**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DNE Woodland, 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:

Eric Li

\_\_\_\_\_  
Name of Person

DNE Woodland, LLC

\_\_\_\_\_  
Firm/Company

2937 S Atlantic Ave Apt 1701

\_\_\_\_\_  
Address

Daytona Beach Shores, FL 32118

\_\_\_\_\_  
City/State and Zip Code

ericqingli@gmail.com

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

For further information concerning this matter, please call:

Nick Snyder

585 309-2487  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DNE Woodland, 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 July 16, 2018 and assigned  
Florida document number L18000170319.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

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 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>
AMBR	Nicholas Snyder	5007 Sail Ct	<input type="checkbox"/> Add
		Port Orange, FL 32127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Eric Li	2937 S Atlantic Ave. apt 1701	<input checked="" type="checkbox"/> Add
		Daytona Beach Shores, FL 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Snyder	1156 Southwinds Drive	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32129	<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

**FILED**  
2016 JUL 29 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2010 JUL 2  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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2010 JUL 23 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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)

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 July 19, 2018

4-1.

Signature of a member or authorized representative of a member

Eric Li

Typed or printed name of signee