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PICK-UP	WAIT	MAIL
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(Doc	cument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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PILEU DIBAUGAS AM 9:37 SECRETARY OF STATE

4.30.18



August 20, 2018

DEBBIE CARBO 4460 14TH ST NE ST PETERSBURG, FL 33703 US

SUBJECT: DEGAR LLC Ref. Number: L18000190547

We have received your document for DEGAR 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 618A00017199

## \* COVER LETTER

TO: Registration S Division of Co		٤	
OU IO SEZZE	Dea	gar LLC	
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	De	Obbie Garbo	
		Name of Person	
		P (C	
	4461	OHMS+ NE	
		Address	
	St 1	etersburg FL	33703
		City/State and Zip Code	
	E-mail address: (	beb Carbo. Com to be used for future annual report notif	ication)
For further information		at (813) 303 - 900 \(\) Area Code Daytime Telephone Number  amount:  O Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
+		012 262	900
Address  St Petersburg, FL 33703  City/State and ZipCode  Deb Carbo. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  The carbo at (813), 363-9002  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\text{\$\text{\$25.00 Filing Fee}} \text{\$\text{\$\text{\$\$55.00 Filing Fee} & Certificate of Status} \text{\$\text{\$\$Certificate of Status} & Certificate of Status} \text{\$\text{\$\$Certificate of Status} & Certificate of Status} \text{\$\text{\$\$Certificate of Status} & Certificate of Status} \text{\$\text{\$\$Certificate of Status}} \text{\$\text{\$\$Certificate of Status}			
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAI	LING ADDRESS:	STREET/COURT	ER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	egar LL	$\mathcal{C}$		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it r orida Limited Liability (	io <u>w appears on our r</u> Company)	ecords.)	
The Articles of Organization for this Limited Liabili Florida document number	680	led on	2018	_ and assigned
A. If amending name, enter the new name of the		mpanv here:		
The new name must be distinguishable and contain the words	Limited Liability Comp	sany," the designation	"LLC" or the ab	via "L.L.C."
Enter new principal offices address, if applicable:			一一	<u> </u>
(Principal office address MUST BE A STREET AL	ODRESS)			5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX			<u> </u>	9: 3 <sup>1</sup>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		dress on our rec	ords, <u>enter the</u>	e name of the nev
	DEVASORIEL	266 km	Was at	alge Sund
Name of New Registered Agent:	Debbie P.C	arloo, MAS	ges day	
New Registered Office Address:	4460 14th S	+ NE Enter Florida street a	ddress	
	St Petysla	)rs	, Florida <u>3</u> 3	5703 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

Dune P. Larbo, Trustee

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 = M $AMBR = A$	lanager authorized Member			
<u>Title</u>	Name Subore P. Con	Address		Type of Action
MGR	Trustee of the	4460 14	in 4 NE	Add
	Name beboie P. Con Trustee of the Debbie P. Curbo Li dated Ji	ving Trust July 20, 2018-	St lefersburg, Fi	33703 □ Remove
	0.40		· · · · · · · · · · · · · · · · · · ·	Change
<del></del>				Add
		<del></del> -		Remove
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SECRETARY OF SALE  A HANSEE, FLE  Ciffective date, if other than the date of filing:	
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier o
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Page 3 of 3

Filing Fee: \$25.00