

L18 000222977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

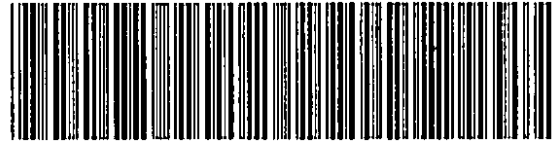
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/21--01034--011 **25.00

2021 OCT 29 PM 4:36

Amend
Name chg

NOV 03 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & K PURCHASING 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:

CRISTIAN D NECHUTA

Name of Person

TAXFIVE LLC

Firm/Company

304 INDIAN TRACE STE 626

Address

WESTON, FL 33326

City/State and Zip Code

INFO@TAXFIVE.COM

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

For further information concerning this matter, please call:

CRISTIAN D NECHUTA

800 944-7117
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



REC

2021 OCT 13 2021 OCT 29 AM 8:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2021

CRISTIAN D. NECHUTA
TAXFIVE LLC
304 INDIAN TRACE - STE. 626
WESTON, FL 33326

SUBJECT: D & K PURCHASING LLC.
Ref. Number: L18000222977

We have received your document for D & K PURCHASING 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please verify whether or not you're changing the name of the entity by removing the period.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 921A00024941

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

D & K PURCHASING 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 09/19/2018 and assigned
Florida document number L18000222977.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

D & K PURCHASING LLC

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)

4192 PINWOOD LN

WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 INDIAN TRACE

STE 626

WESTON, FL 33326

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:

TAXFIVE LLC

New Registered Office Address:

4192 PINWOOD LN

Enter Florida street address

WESTON

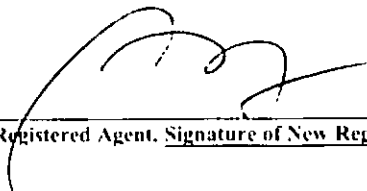
Florida 33331

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	GERDES, KRISTELE	304 INDIAN TRACE STE 626	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VICTOR GERDES, CAROLE	304 INDIAN TRACE STE 626	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	ALERTE, DIDIER	1600 BOUL DE LA CHAUDIERE APT 204	<input type="checkbox"/> Add
		QUEBEC, G1Y3A4 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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.

2021

KRISTELE GERDES, MEMBER

Typed or printed name of signee

Filing Fee: \$25.00