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COVER LETTER

	STMENT GROUP LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL DE PENA		
	DP INVESTMENT GROU	Name of Person JP LLC	
·	7368 WOODMONT AVE	Firm/Company	
	TAMARAC, FL 33321	Address	
	MICHAELDEPENA@GM	City/State and Zip Code AIL.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
MICHAEL DE PENA		954 632-2645	
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 enclose

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

DP	IN	VEST	MENT	GROUP	LLC

3. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	office address here: MICHAEL DE PENA 7368 WOODMONT AVE, APT 10	12: 11 13: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10
egistered agent and/or the new registered Name of New Registered Agent:	office address here: MICHAEL DE PENA 7368 WOODMONT AVE, APT 10	7 R. 1
registered agent and/or the new registered	office address here:	our records, enter the name of the
3. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on office address here:	our records, enter the name of the
		(3)
	•	
Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>	
Enter new mailing address, if applicable:		20
Principal office address MUST BE A STRI	SET ADDRESS)	
Enter new principal offices address, if app	licable:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
A. If amending name, <u>enter the new name</u>	of the limited liability company her	<u>re</u> :
This amendment is submitted to amend the fo	ollowing:	
Florida document number L18000234938	·	
1.19000024026	Liability Company were filed on $\frac{10/C}{c}$	and assigned
The Articles of Organization for this Limited	100	102 /2 0 1 B

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.

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
			
			□ Remove
			Change
			☐ Add
			□ Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			
		Remove	
			☐ Change
			🗆 Add
			Remove
			Charge.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
ie rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	October 11 2018
	Mill Silve
	Signature of a member or authorized representative of a member
	Michael De Pena

Page 3 of 3

Filing Fee: \$25.00