# 118000283950

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### **COVER LETTER**

TO: Registration Sec Division of Corp		·	
su <b>rje</b> ct: <u>B</u> uy	Appointment LL Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Daniel A	Name of Person	
	Discount	Direct LLC Firm/Company	
	7760_US	Open Loop Address	
	Lakewood	Ranch FL. 34202 City/State and Zip Code	
	danielna do E-mail address: (1	ants eanail. Corn	ication)
For further information co	ncerning this matter, please ca	ıll:	
Danie / Name of	Person	at ( <u>941</u> ) <u>387 - 48</u> Area Code Daytimo	C Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability (	Company were filed on 12/10	/2018 and assigned	
Florida document number <u>L18000283950</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
Discount Direct LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation		
Enter new principal offices address, if applicable:		19 SE:	
Principal office address MUST BE A STREET ADDI	RESS)	新り The second	
		(S) 7   T	
		E PR III	
Enter new mailing address, if applicable:		同性 表し	
(Mailing address MAY BE A POST OFFICE BOX)		7	
D 16	41 .05		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Finter Florida street address		
<u></u>	·	, 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>	Name	Address	Type of Action
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tive date, if other than the date of filing:		(optional	)	
flective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable s				
ment's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an	effective time	at 12·∩1 a.m.	on H	ne earlie
e 90th day after the record is filed.	checave anne,	3( 12.01 0.111.	011 (1	ic carne
06/13/2019				
Signature of a member or authorized				
			•••	<del></del>

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Filing Fee: \$25.00