

L18000292862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

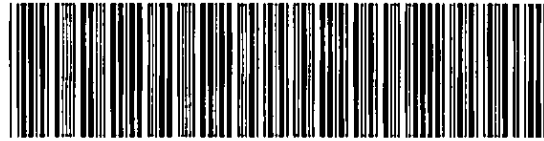
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JUN 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SE BLUE C-WAY 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:

JEANNE YURMAN

Name of Person

DCT MEDIA LLC

Firm/Company

127 HANSON ROAD

Address

DARIEN, CT 06820

City/State and Zip Code

YURMAN5@OPTONLINE.NET

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

For further information concerning this matter, please call:

JEANNE YURMAN

917 656-3333
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**

SE BLUE C- WAY 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 DECEMBER 24, 2018 and assigned
Florida document number L18000292862.

This amendment is submitted to amend the following:

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

DCT MEDIA 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)

JEANNE YURMAN

127 HANSON ROAD

DARIEN, CT 06820

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

ELIZABETH GINORI

New Registered Office Address:

1645 PALM BEACH LAKES BLVD STE 480

Enter Florida street address

WEST PALM BEACH

Florida 33401

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

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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>
M	JOHN W BOYER	3300 PGA BLVD STE 625	<input type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	JEANNE YURMAN	127 HANSON ROAD	<input checked="" type="checkbox"/> Add
		DARIEN, CT 06820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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