

L190000 72172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

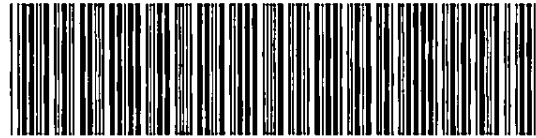
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEMARIE ESTATES 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:

DEGRICK McLENDON  
Name of Person

DEMARIE ESTATES  
Firm/Company

841 prudential Dr. Ste 1200  
Address

Jacksonville, FL 32207  
City/State and Zip Code

deetrick2000@demarieestates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEGRICK McLENDON at ( 904 ) 326-0970  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

DEMARIE ESTATES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

JUN 13 PM 1:55

The Articles of Organization for this Limited Liability Company were filed on MARCH 14, 2019 and assigned Florida document number 119000072172.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

841 prudential Dr. Ste 1200  
JACKSONVILLE, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9075 Gloucestershire, CT.  
JACKSONVILLE, FL 32219

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:

DEGRICK MCLENDON

New Registered Office Address:

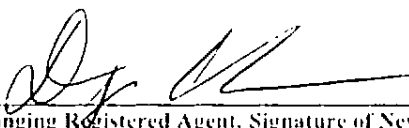
9075 Gloucestershire CT. 32219

Enter Florida street address

JACKSONVILLE Florida 32219  
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>
MGR	DEERICK K. McLENNAN	9075 Gloucestershire, CT.	<input type="checkbox"/> Add
		Jacksonville, FL 32219	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Brittanie Coleman	9075 Gloucestershire, CT	<input type="checkbox"/> Add
		Jacksonville, FL 32219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DEEDRONNA McLENNAN	9075 Gloucestershire, CT	<input type="checkbox"/> Add
		Jacksonville, FL 32219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**


(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 9<sup>th</sup>, 2019<sup>DM</sup>, 2019

  
Signature of a member

Degree Melndon  
Typed or printed name

Typed or printed name of signee