

L19 0000 82334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

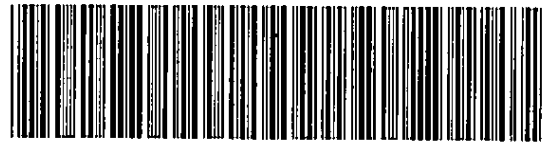
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

JUN 03 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAZZI LLC Property Maintenance
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:

Issac Johnson
Name of Person

DAZZI LLC Property Maintenance
Firm/Company

38627 Patti Lane
Address

Dade City FL 33523
City/State and Zip Code

Issac.Johnson09@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Issac Johnson at (352) 467-8518
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

DAZZI 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 April 1, 2019 and assigned Florida document number 83-4193350.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

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

Title	Name	Address	Type of Action
AMBR	Julia Johnson	38627 Patti Lane	<input type="checkbox"/> Add
		Dade City Fl 33523	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Faith Johnson	38627 Patti Lane	<input type="checkbox"/> Add
		Dade City Fl 33523	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Victor Bennett	20804 breeden	<input type="checkbox"/> Add
		RD Dade City	<input checked="" type="checkbox"/> Remove
		Fl. 33523	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

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

סדרה

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(b) The 90th day after the record is filed.

Dated

May 15th. 2019

10.201
DSS ac of Angus

Signature of a member or authorized representative of a member

Issac Johnson

Typed or printed name of signee