

L19000 192573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Amend

FEB 27 2020

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D&E Project Managements 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:

Regis Schafer

\_\_\_\_\_  
Name of Person

D&E Project Managements LLC

\_\_\_\_\_  
Firm/Company

26745 Middleground Loop

\_\_\_\_\_  
Address

Wesley Chapel, FL 33544

\_\_\_\_\_  
City/State and Zip Code

depm4you@gmail.com

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

For further information concerning this matter, please call:

Regis Schafer

352 206-8870  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JUL 21 13 13  
and assigned

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

**This amendment is submitted to amend the following:**

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

***(Mailing address MAY BE A POST OFFICE BOX)***

Zip Code

**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	REGIS D. SCHAFER	26745 MIDDLEGROUND LOOP, WESLEY CHAPEL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	THIEGO R. SOUZA LIMA	26745 MIDDLEGROUND LOOPWESLEY CHAPEL,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIVIA FERNANDA P. CASTRO,	26745 MIDDLEGROUND LOOPWESLEY CHAPEL,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**