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	Registration Se Division of Cor				
SUBJEC		et Managements LLC	•		
,		Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Regis Schafer			
			Name of Person		
		D&E Project Management	s LLC		
			Firm/Company		
		26745 Middleground Loop	,		
			Address		
		Wesley Chapel, FL 33544			
			City/State and Zip Code		
		depm-lyou@gmail.com		<u> </u>	
			to be used for future annual report notif	ication)	
For furthe	r information c	oncerning this matter, please ca	ıll:		
Regis Sch	afer		352 206-8870		
	Name o	f Person		: Telephone Number	20
Enclosed i	is a check for th	ne following amount:			
≅ \$ 25.04	0 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 State Certified Copy (additional copy is end	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&E PROJECT MANAGEMENTS 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 $\frac{07/29/2019}{1}$ Florida document number L19000192573 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) 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

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 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>	Address	Type of Action
MGR	REGIS D. SCHAFER	26745 MIDDLEGROUND LOOP, WESLEY CHAPI	∃ _ ≣Add
			_ □Remove
			_ □Change
VP	THIEGO R. SOUZA LIMA	26745 MIDDLEGROUND LOOPWESLEY CHAPE	L. _□Add
			_ = Remove
			_
MGR	LIVIA FERNANDA P. CASTRO,	26745 MIDDLEGROUND LOOPWESLEY CHAPE	L, □Add
			_ = Remove
			_ □Change
			□ Add
		 	_ □Remove
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Effecti	ve date, if other than the date of filing: (optional)
f an effe Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
e record	d 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
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