

h19000246503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

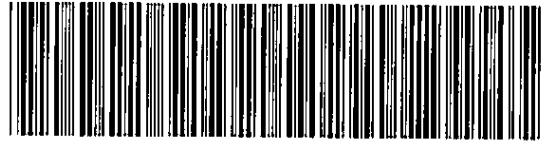
(Business Entity Name)

(Document Number)

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FILED  
2021 SEP -1 PM 3:00  
TALLAHASSEE, FL  
STATE OF FLORIDA

D BRUCE  
SEP 13 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

DJC CASAS 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:

Jacqueline Coons

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

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

6505 MANILA PALM WAY

\_\_\_\_\_  
Address

APOLLO BEACH, FL 33572

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

jaccoons@gmail.com

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

For further information concerning this matter, please call:

Jacqueline Coons

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

at (813)

\_\_\_\_\_  
Area Code

789-0702

\_\_\_\_\_  
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

2021 SEP - 1 PM 6:00  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2021 SEP - 1 PM 6:00

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DJC CASAS 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 10/01/2019 and assigned  
Florida document number L19000246503.

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:

JARVELINE COONS

New Registered Office Address:

6505 MANILA PALM WAY

Enter Florida street address

APOLLO BEACH

City

Florida

Zip Code

2021 SEP - 1  
3352  
00  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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.*

JCOONS

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>
AMBR	DAVID COONS	6505 MANILA PALM WAY	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JARUELINE COONS	6505 MANILA PALM WAY	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

REC'D  
TALLAHASSEE, FL  
202 SEP - 16 PM 00  
FBI

2021 SEP -1 PM 8:00  
STONHAM VILLAGE  
FALL RIVER, MA

2021 SEP -1 PM 8:00  
STOCK MARKET  
FALL MARKET

(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.

Dated August 28, 2021

Heath  
a member or auth

Signature of a member or authorized representative of a member

Jaqueline Coons  
Typed or printed name of signatory

Typed or printed name of signee