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COVER LETTER

Division of Cor			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
·	PAUL DONOVAN	Ü	
	 	Name of Person	
	940 CAPE MARCO DRIV	Firm/Company 'E APT 501	
	MARCO ISLAND, FL 34	Address	
	pauld2515@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	concerning this matter, please ca	all:	
Cathy Penney		312 214-9005	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section

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

DJPC&G, LEC					
(Name of the Lim	ited Liability Compa (A Florida Limited l	i <mark>ny as it now appe:</mark> Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Efforida document number 1.19000261660	Liability Company	were filed on 1	0/17/2019	and as	ssigned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company h	nere:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "ELC" or the	e abbreviation "	L.L.C."
ter new principal offices address, if applicable:		940 CAPE MARCO DRIVE, APT 501			
(Principal office address MUST BE A STREET ADDRESS)		MARCO ISŁAND, FL 34145			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ARCO DRIVE, APT 50 AND, FL 34145	U1	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered o office address her	ffice address o	n our records, <u>ent</u>	ર્ણનું -	2019 Age the Tap
Name of New Registered Agent:	PAUL DONOV	VAN		·	E III
New Registered Office Address:	940 CAPE MA	RCO DRIVE, AI	PT 501 orida street address		U
	MARCO ISLA	ND	, Florida	34145	
		City		Zip Code	<i>:</i>

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAURA P JANICEK	9253 WARDLEY PARK LANE	
		BRENTWOOD, TN 37027	
		DRENT WOOD, 11N 37027	■ Remove
			Change
MGR	PATRICIA RUTH DONOVAN	940 CAPE MARCO DRIVE. APT. 501	⊟ Add
		MARCO ISLAND, FL 34145	
			☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
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			Add
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		. 	Remove
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te: If the	late, if other than the date is listed, the date muse date inserted in this be effective date on the I	lock does not meet	the applicable st	of filing or more than atutory filing requi	(optional) 90 days after filing.) Purements, this date wil	rsuant to 605.0207 I not be listed as
	specifies a delaye h day after the red		e, but not an e	effective time, a	at 12:01 a.m. on	the earlier of
ted	Moderno	<u> 7.</u>	2019			
-	Pauc	Description Signature of a mem	ber or authorized r	epresentative of a me	ember	
				of signee		

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Filing Fee: \$25.00