L20 000013886

(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Se Division of Cor		,	
DG AD L		-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MAUREEN CATALANO	EA	
		Name of Person	
	MAUREEN CATALANO	EA LLC	
		Firm/Company	····
	469 HOLYOKE LANE		
		Address	-
	LAKE WORTH, FL 3346	7	
		City/State and Zip Code	
	MAUREENCATALANOI	021@GMAIL.COM to be used for future annual report no	atification)
For further information c	oncerning this matter, please c		yanica.
MAUREEN CATALAN	О	561 671-9069	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632		Division of C The Centre of	-
Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

DG AD LLC	2020: 12 11 9:30		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 01/17/20	and assigned	
Florida document number L20000013886			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1860 HIGHLAND GROVE DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH, FL 33445		
Enter new mailing address, if applicable:	1860 HIGHLAND GROVE DRIV	′Е	
(Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH, FL 33445		
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registere	
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:	1		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and in provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is	

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>	Address	Type of Action
AMBR	SANDRA L KERN	1860 HIGHLAND GROVE DRIVE	≣Add
		DELRAY BEACH, FL 33445	□Remove
			□Change
MGR	CASH KERN	4950 BAYSHORE BLVD, UNIT 125	□Add
		TAMPA, FL 33611	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change

			
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ective date, if other than the date of filin	ıg:		(optional)
n effective date is listed, the date must be specific and te: If the date inserted in this block does not reument's effective date on the Department of S	meet the applicable stat	rtling or more than 90 day utory filing requiremen	is, this date will not be listed:
ecord specifies a delayed effective date, but not	t an effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day after th
s filed.			
MARCH 10	2020		
ted	·		
	$\mathcal{L}_{\mathbf{A}}$		

Typed or printed name of signee