Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. . Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MANAUSA SHAW & MINACCI

Account Number : I20210000086 : (850)597-7616 Phone . Fax Number : (850)270-6148

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DEMPSEY MAYO 200, LLC**

| particular and an experience of the contract o | COLUMN CONTRACTOR AND A SOURCE CONTRACTOR CO |
|--|--|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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| | COVER LETTER (((H22000316317 3 |
|-----------------------------------|--|
| TO: Registration Division of C | |
| DEMPSE | EY MAYO 200, LLC |
| SUBJECT: | Name of Limited Liability Company |
| | |
| The enclosed Articles | of Amendment and fee(s) are submitted for filing. |
| | * · · · · · · · · · · · · · · · · · · · |
| Please return all corres | spondence concerning this matter to the following: |
| | Daniel Manausa |
| | Name of Person |
| | Manausa Shaw Minacci |
| | Firm/Company |
| | 1701 Hermitage Blvd, Suite 100 |
| | Address |
| | Tallahassee, FL 32308 |
| | City/State and Zip Code |
| | danny@manausalaw.com |
| | E-mail address: (to be used for future annual report notification) |
| For further information | n concerning this matter, please call: |
| Katie Rac | 850 597-7616 at () |
| Name | e of Person Area Code Daytime Telephone Number |

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H220003163173)))

| DEMPSEY MAYO 200, LLC | | | | | | | |
|--|--|---------------------------|--|--|--|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | nany as it now appears on our records.) I Liability Company) | | | | | | |
| The Articles of Organization for this Limited Liability Compan Florida document number L20000042679 | y were filed on <u>02/12/2020</u> | and assigned | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or the | abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | ter new principal offices address if applicable: 11740 SW 80 Street, Suite 102 | | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami FL 33183 | | | | | | |
| Enter new mailing address, if applicable: | 11740 SW 80 Street, Suite 102 | | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | FFICE BOX) Mismi FL 33183 | | | | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the na | ime of the new registered | | | | | |
| Nove Besidenced Office Address | | 10 m | | | | | |
| New Registered Office Address: | Enter Florida street address | S AM | | | | | |
| | City | Zip Cod Co | | | | | |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | 5 5 S | | | | | |

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

__ 🗆 Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000316317 3)))

| MGR = AMBR = | Manager Authorized Member | | |
|--------------|------------------------------|-------------------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Robert R. Parrish, Jr. | 4004 Norton Lane, Suite 202 | □ Add |
| | | Tallahassee, FL 32308 | ■Remove |
| | | | □Change |
| MGR | Carlos A. Duart | 11740 SW 80 Street, Suite 102 | ≅ Add |
| | | Miami, FL 33183 | □Remove |
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| record spec | ifics a delayed | l effective da | te, but no | ot an effect | ive time, a | t 12:01 a.n | n, on the e | arlier of: (l | o) The 9 | Oth day after |
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| is filed. | mber 13 | Sig | nature of a | member or | authorized | representat | ive of a me | nber | | . |