

L2000000 42737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700341176097

03/02/20--01030--023 \$460.00

2020 APR -2 PM 3:29  
RECEIVED  
STOCK  
TOLSON

C. SIMMONS  
APR 06 2020



2020 APR -2 11:16

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2020

DORATHEA BROWN  
5739 JACK RD  
JACKSONVILLE, FL 32277

SUBJECT: DTP 37 LLC  
Ref. Number: L20000042737

We have received your document for DTP 37 LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please enter the registered agent information in section B on the form and that person has to sign in the section also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 520A00006172

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dtp37  
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:

Doratheia Brown  
Name of Person  
Dtp37  
Firm/Company  
5739 Jack road  
Address  
Jacksonville Florida  
City/State and Zip Code  
32277  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doratheia Brown 904 661-9862  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DTP37 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 2/05/2020 and assigned  
Florida document number 120000042737 (L20000042737)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DTP 37 LLC

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)**

5739 Jack road

Jacksonville Florida

32277

**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:

5739 Jack road

*Enter Florida street address*

Jacksonville Florida

Florida 32277

*City*

*Zip Code*

**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, 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>
mrg	Doratheia Brown	5739 Jack road	<input checked="" type="checkbox"/> Add
		1330 barnette street apt 1 (Johnesha Williams)	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 APR - 2 PM 11 3 29  
 TALL  
 DATE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I put the names in the wrong spot on my application and need to change it asap. I am sorry for this mix up.

the company name is DTP 37 LLC

the MGR should have been (Doratheca Brown)

5793 Jack road

Jacksonville Florida

the other person on my paper is (Johnesha Williams) should have been the registered agent

1330 Barmette street apt 1

Jacksonville Florida

Add my EIN 80-0341149

2020 APR 2 PM 3:29  
FILED  
TAM  
AFF

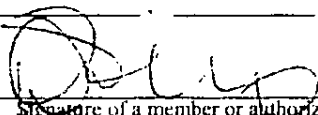
**E. Effective date, if other than the date of filing:** March 16, 2020 **(optional)**

(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.

If the record 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 record is filed.

Dated March 16, 2020



Signature of a member or authorized representative of a member

Doratheca Brown

Typed or printed name of signee