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TO: Registration Sec Division of Corp			
DENCOR,	LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	JACQUELINE M. DURH	АМ, ESQ.	
		Name of Person	
	KOONTZ & ASSOCIATE	ES, PL	
		Firm/Company	
	1613 FRUITVILLE RD.		
		Address	
	SARASOTA, FL 34236		
		City/State and Zip Code	
مسجر المساد	C mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	•	· · ·
•	•	941 225-2615	
JACQUELINE M. DUR		at ()	Telephone Number
Name of	reison	Alea Code Dayime	Telephone (Admitte
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Staius & Certified Copy (additional copy is fail osed)
			75
Manual Adding		Street Address:	207
<u>Mailing Addres</u> Registration S		Registration Sec	tion U ¬¬¬
Division of C	-	Division of Corp The Centre of Ta	
P.O. Box 632 Tallahassee, I			Street, Suite 810
		Tallahassee, FL	

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENCOR, LLC		• •
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)	
(A Fibrida Chinect	Elability Company)	
he Articles of Organization for this Limited Liability Company	y were filed on 04/13/2020	and assigned
lorida document number L20000102416		
torida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
The part appearance of the part of the par		
Not a server all the server of annihables	N/A	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
		Call Sea
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, enter the i	name of the new regist
gent and/or the new registered office address here.		
N/A		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

S

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11 amenting Authorized rerson(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
MGR	CEDRICK SAMPEUR	16638 ASHTON GREEN DR.	□Add
		LUTZ, FL 33558	■Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
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		· · · · · · · · · · · · · · · · · · ·	□Change
			□Remove
			20 □Change
			—————————————————————————————————————
			□Remove
			□Change

N/A		
		
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ctive date, if other than the	ne date of filing: ust be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this	block does not meet the applicable statutory f	iling requirements, this date will not be listed
ument's effective date on the	Department of State's records.	7021
cord specifies a delayed effect filed.	ive date, but not an effective time, at 12:01 a.	_
incu.		20
, April 15	2021	آ:. ₀
ed	·	
DocuSigned by:	<i>r</i>	••
Bocusigned by:	47-	2:
Br C448552e2F	Signature of a member or authorized representa	

Filing Fee: \$25.00