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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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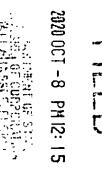
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JUL 1 6 2020



OCT 1 9 2020 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2020

JANY SERPA 2719 CRANES COVE DRIVE KISSIMMEE, FL 34741

SUBJECT: MR & MRS D LLC Ref. Number: L20000158222

We have received your document for MR & MRS D LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 720A00016482

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | |
|--------------------------------|--|---|--|
| MR & MRS | S D LLC | | |
| 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: | |
| | JANY SERPA | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2719 CRANES COVE DR | | |
| | | Address | |
| | KISSIMMEE, FL 34741 | | |
| | | City/State and Zip Code | |
| | JANYSERPA@ICLOUD.C | OM to be used for future annual report no | otification) |
| For further information c | oncerning this matter, please c | · | , |
| JANY SERPA | | 786 368-5460 | |
| Name o | f Person | | ime 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 Registration 9 | | Street Address: Registration S | Section |
| Division of C | | Division of Co | orporations |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, | FL 32314 | 2415 N. Monr | roe Street, Suite 810 |

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MR & MRS D LLC | | 2020 (|
|---|--|----------------------------------|
| (Name of the Limited Liah (A Flor | pility Company as it now appears on our records.) Ida Limited Liability Company) | <u> </u> |
| The Articles of Organization for this Limited Liability | Company were filed on 06/09/2020 | and assigned |
| Florida document number L20000158222 | · | S S C |
| This amendment is submitted to amend the following: | | ्र ^ह . <mark>ज</mark> |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited 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 ADI | ORESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our records, <u>enter the</u> : | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| - - | , Florid | aZiv 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 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> | Type of Action |
|--------------|---------------|---------------------|----------------|
| MGR | DOAN GONZALEZ | 2719 CRANES COVE DR | □Add |
| | | KISSIMMEE, FL 34741 | - |
| | | | □Change |
| | | | ☐Add |
| | | | □Remove |
| | | - | □Change |
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| fective date, if other than the date of filing: (optional) (optional) (optional) (aptional) (optional) (opti | | | | |
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| Signature of a member or authorized representative of a member | | | | |
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Typed or printed name of signee