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	(Requestor's Name)	<u></u>
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PICK-U	P WAIT	MAIL MAIL
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	(Business Entity Name)	
	(Document Number)	
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Certified Copies	Certificates of	Status
Special Instructions	-	
	J. HORNE	
	DEC 14 2021	
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Office Use Only



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2021 DEC 14 PM 3: 3 /2021 DEC 14 PM 4: 20

## **COVER LETTER**

TO: Registration Sect Division of Corpo		,	
SUBJECT: No. 1947	D & N Proper	red Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ros	Name of Person	
		N from ty Group Firm/Company	4c
		Hannan Will Rd Address	
	Tallahosse	e Flor, da 32363 Cit//State and Zip Code	
	Roscie de E-mail address: (1	o be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	ill:	
Poscie Davis Name of F	erson	at ( <u>407</u> ) <u>416-71</u> Area Code Daytim	y 4 se Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 Se		Street Address: Registration Se	
Division of Cor P.O. Box 6327	rporations	Division of Cor The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	perty Group LLC
(A Fl	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on 07/04/2620 and assigned
Florida document number <u>L2 0000 [B 3743</u>	<del></del> ·
This amendment is submitted to amend the followin	ng:
A. If amending name, enter the new name of the	limited liability company here:
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 A)	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	stered office address on our records, <u>enter the name of the new register</u> e
agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	Passerulans
New Registered Office Address:	• •
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Regis	•
	gent and agree to act in this capacity. I further agree to comply with the
	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>	Address	Type of Action
Mul	Nathan Byton	123 Honnon Will Rd	□ Add
		Tellahossee, FL 132305	12Remove
			□Change
MGR_	Boyal Byron	125 Hannen Mill Ad	Ф∕Add
		Tallahassee, FL 32305	□Remove
			□ Change
			□Add
			🗆 Remove
			□Change
			DAdd
			□Remove
			□Change
	<del></del>	<del></del>	🗆 Add
			□Remove
			DChange
	<del></del>	<del></del>	□Add
			□Remove
			Change

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(If an ef	tive date, if other than the date of filing:
docur	nent's effective date on the Department of State's records.
ne reco ord is f	rd 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 iled.
Dated	12/03/21
	Signature of a pember or authorized representative of a member
	Rescee Peui P Typed or printed name of signee