

L20000183743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

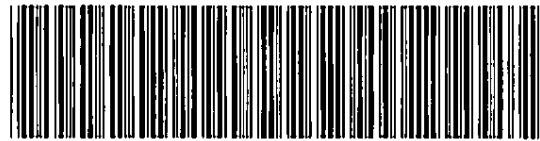
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900419577719

2021 DEC 14 AM 9:00

12/14/2014 01003-000 **25.00

RECEIVED

2023 DEC 14 AM 8:48

RECORDS OFFICE
OF ALABAMA
MONTGOMERY, ALABAMA
JALAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D&N PRORERTY GROUP LLC

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:

Roscoe Davis

Name of Person

Firm/Company

3501 S Blair Stone Apt 403

Address

Tallahassee, FL 32301

City/State and Zip Code

dnpropertygroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roscoe Davis

386
at ()

7481330

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

D&N PROPERTY GROUP

(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 07/09/2020 and assigned
Florida document number L20000183743.

This amendment is submitted to amend the following:

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 ADDRESS)

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:

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

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>
MGR	Royal Byron	125 Hannon Mill rd	<input type="checkbox"/> Add
		Tallahassee FL 32305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carmelo Byron	125 Hannon Mill rd	<input type="checkbox"/> Add
		Tallahassee FL 32305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Noble Davis	125 Hannon Mill rd	<input type="checkbox"/> Add
		Tallahassee FL 32305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nathan Byron	190 Winslow Ave	<input checked="" type="checkbox"/> Add
		Deland FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelvin Whitaker	1423 Nashville Dr	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated 12/14 2023

Arthur Davis

Roscoe Davis

Typed or printed name of signee