LZO 000334523

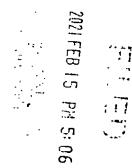
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
		

Office Use Only



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02/15/21--01013--015 **25.00



COVER LETTER

	Registration Solution Of Co.			
eun irz		OPERTIES OF BAY COUNT	Y LLC	
SUBJEC	.I: <u></u>	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		GILL, DANIEL		
			Name of Person	
		D & K PROPERTIES OF	BAY COUNTY LLC	
			Firm/Company	
		7727 MCELVEY ROAD		
			Address	
		PANAMA CITY BEACH	, FL 32408	
			City/State and Zip Code	
		dangill@emeraldcabinets.n		
Con front	on in formation		to be used for future annual report noti	fication)
		concerning this matter, please c		
GILL, D	ANIEL		850 258-6603 at ()	
	Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	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 Addres Registration	Section	Street Address: Registration Se	
	Division of C P.O. Box 632		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

D & K PROPERTIES OF BAY COUNT	TY LLC	<u>₩</u>
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Florida document number		and assigned
This amendment is submitted to amend the following	g:	
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" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	: 	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter th</u> <u>re</u> :	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Care D. M. and D.	
	Enter Florida street address	
_	Flori	da 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 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
AMBR	Mary L. Gill	7727 Mc Elvey Road	🗀 Add
		Panama City Beach, FL 32408	■Remove
			\bullet Change
MGR Mary L. Gill	Mary L. Gill	7727 Mc Elvey Road	= Add
		Panama City Beach, FL 32408	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
		-	□Change
			□Remove
			Change
		-	□Add
			□Remove
			□Change

ective date, if other than the date of filing: February 5, 2021 (optional) (optional)			
reflective date, it other than the date of filing: (optional)			
reflective date, if other than the date of filing: (optional)			
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Daniel Gill		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00