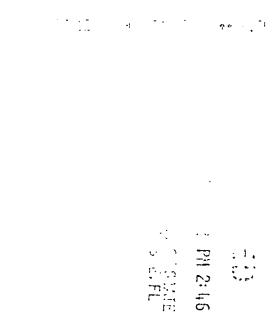
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Damarlan's Properties LLC SUBJECT: 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: Kenyatta Shaw Name of Person Firm/Company 3016 Jap Tucker Road Address Plant City, Florida 33567 City/State and Zip Code Specialkae I I@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenyatta Shaw 813 967-7967 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address:** 

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**Division of Corporations** 

IU:

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 ORGANIZATION OF

Damarlan's Properties LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company  L20000250492  Locida document number	were filed on 8/17/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
Damarlan LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	513 East Laura Street	
Principal office address MUST BE A STREET ADDRESS)	Plant City, FL 33563	
		·····
nter new mailing address, if applicable:	3016 Jap Tucker Road	
Mailing address MAY BE A POST OFFICE BOX)	Plant City, FL 33566	2,
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		100 13
. If amending the registered agent and/or registered office	address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
		orida
	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.

#### MGR = Manager AMBR = Authorized Member

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effective date is listed, the dat	e must be specific and	l cannot be prior to	date of filing or mo	ore than 90 days after	filing.) Pursuant to 605.02
te: If the date inserted in thus ument's effective date on t			ne statutory trimg	g requirements, this	s date will not be listed
cord specifies a delayed eff	ective date, but not	an effective tim	e, at 12:01 a.m. o	on the earlier of: (b	) The 90th day after the
s filed.					
June 14		2021			
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The state of the s	11/				
<i>EXMUNITY</i>					
exprise	Signature of a r	member or author	zed representative	of a member	

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## CITY OF PLANT CITY

## Police Department Chief James Bradford

June 23, 2021

Kenyatta Shaw 3016 Jap Tucker Rd. Plant City, FL 33566

Reference Case Number: 2105-2262

Stolen Gun: Make: Sig Sauer

Description: Handgun

Serial Number: 27C025044

On May 11, 2021, you filed the above mentioned police report with this department concerning the described property. This information was entered into the National and Florida Crime Information Computer (NCIC/FCIC). This form is required to update our information to determine if the property is still stolen or missing.

Please mark one of the following so that we can update our computer files. Sign, date and return this form to the Plant City Police Department.

( ) The above reported property has never been recovered/returned to me and should be considered as stolen.

( ) The above property has never been recovered/returned and the information provided is not correct. Indicate discrepancy:

( ) I have recovered the above described property and same should no longer be considered as stolen or missing.

DATE RECOVERED:

SIGNATURE: ื

DATE 16/2021

Failure to return this form within 15 days may result in the cancellation of your property from the NCIC/FCIC files.

Thank you for your cooperation in this matter.

Sincérely,

E. Ambrose

Records Technician