LZ0000376896

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COVER LETTER

TO:	Registration Se Division of Cor					
CHD 157	DENSZA	ch, PLLC				
SUBJEC	л: <u></u>	Name of Limi	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	etum all correspo	ondence concerning this matter	to the following:			
		Dennis Szaplaj				
			Name of Person			
		DENSZArch, PLLC				
		 	Firm/Company			
		4259 Hunting Trail				
			Address			
		Lake Worth, FL 33467				
		City/State and Zip Code				
		admin@denszarch.com E-mail address: (to be used for future annual report r	notification)		
For furth	ner information o	concerning this matter, please co				
Dennis	Szaplaj		973 525-7264			
	Name o	of Person	Area Code Day	time Telephone Number		
Enclosed	d is a check for t	he following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Address			
	Registration Division of C		Registration Division of O			
	D O D (2)	2017014010110		f Tallahagaa		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENSZArch, PLLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our to ity Company)	records.)
The Articles of Organization for this Limited Liability Company were Florida document number 1.20000376896		
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 C	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDRESS)		-3
		G
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9:
		2.0
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ess on our records, g	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provi	formance of my duti	es, and I am familiar with and

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
P	Dennis Szaplaj	4259 Hunting Trail	
		Lake Worth, FL 33467	□Remove
			□Add
			□ Remove
			Change
			DAdd
			Change
			ПRеточе
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change

<u></u>	
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	•
Effective date	e, if other than the date of filing: (optional)
(If an effective dat Note: If the da	ie 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 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ective date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
lanuar.	12 2021
Dated	
	Durin.
	Signature of a member or authorized representative of a member
	dignature of a memori of authorized representative of a memori
Den	nnis Szaplaj
	Typed or printed name of signee