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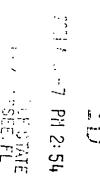
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□ ÞICK- J	(City/State/Zip/Phone #)	MAIL
<del></del>	(Business Entity Name)	
	(Document Number)	
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Special Instruction	s to Filing Officer	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ON COY DONATION, 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:
Name of Person
DNIA Corporation ILC Firm/Company
9328 SE MAVICAMP RC
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1 Code Person at (357) 484-8745  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

	LLC	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on ho 19, 202	and assigned
Florida document number <u>L210000310309</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9328 SE MANICA	np Rel
(Principal office address MUST BE A STREET ADDRESS)	(X)13, 71 344	112
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , <b>Florid</b> a	2: 54 2: 54
	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>	Address	Type of Action
MGR	Desiree' Anclerson	9328 SE MARKHIMPRO	©Xdd
		Oala, 7134472	□Remove
			□ Change
AMBIL	Javvett Anderson	9328 SE MAVICAMPRO	🗆 Add
		Ocala, 71 34477	□Remove
			Change
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Effecti	ve date if other than the date of filing:  (ontional)
Note:	ve date, if other than the date of filing:
he recore	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 ed.
Dated	April 6th 2021

Filing Fee: \$25.00