## L21000047687

Office Use Only



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02/16/21--01024--028 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor			gan est
D&R Projec	et Enterprises LLC	•	مسه ده
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter	to the following:	
	Ross Henning		
		Name of Person	
	D&R Project Enterprises L	LC	
		Firm/Company	
	1409 Lake Whitney Dr		
		Address	<del></del>
	Windermere, FL 34786		
		City/State and Zip Code	
	ross@houzzfinder.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Ross Henning		407 308-6789	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration	Section	Street Address: Registration So	
Division of C P.O. Box 633	•	Division of Co The Centre of	-
Tallahassee		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dek Project Enterprises LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number L21000047687	were filed on 01/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		pa . •
		22
	<u></u>	( - \
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		<del></del>
New Registered Office Address:		•
	Enter Florida street address	
	, Flor	rida
	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 ameπding 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
MGRM	Clyde Ross Henning Jr	1409 Lake Whitney Dr. Windermere, FL 34786	<b>=</b> Add
			□Remove
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			□Remove
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ffective date, if other th	date must be specific and	deannot be prior to dat	te of filing or more than 9		
iote: If the date inserted in ocument's effective date o			statutory ming require	ments, this date will not	t be fisted as
record specifies a delayed	effective date, but not	an effective time, a	at 12:01 a.m. on the ea	rlier of: (b) The 90th d	lay after the
l is filed.		2021			
l is filed.			representative of a mem		