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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			·	
SUBJECT:	DONNECO P	ROPERTIES LLC		
		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
		3 Greenway Plaza #13	20	
		Address	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		Houston, TX 77046		
		City/State and Zip Code		
	doni	necoproperties@gm	ail.com	
For further information c	n-mail address: to concerning this matter, please c		eport notification)	
Sonia B	ecerra	at (877)	777-0450	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
№ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
Mailing Addres		Street Ad Registra	dress: tion Section	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 MAY 18 PM 4: 06

SECRETARY OF STATE TALLAHASSEE, FL

DONNECO PROPERTIES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on05/05/2021 and assigned
Florida document number <u>L21000210969</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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5351 Windward Way
(Principal office address MUST BE A STREET ADDRESS)	New Port Richey FL 34652
Enter new mailing address, if applicable:	5351 Windward Way
(Mailing address MAY BE A POST OFFICE BOX)	New Port Richey FL 34652
<u>Name of New Registered Agent:</u>	
New Registered Office Address:	
	Enter Florida street address
	Cuy Zap Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
			□ Change
			□Add
			□Remove
		□Change	
			□Add
			Remove
			□Change
			
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Note:	tive date, if other than the date of filing:	Pursuant te vill not be	605,0207 listed as	(3)(t the
If the recordecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ed.	90th day	after the	
Dated	5-6-22 / 2022			
	X	_	_	
	Signature of a member Southorized representative of a member			
	JACK DONNELLY Typed or printed name of rignee		_	

Filing Fee: \$25.00