Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000350783 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mmm@trippscott.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D1 HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 2 1 7071

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H21000350783

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being submame of the limited liability company is: D1 HOL	•	ocument.	
SECO THIR	•	The Florida Document number of the limited Document to be corrected is: ARTICLES OF O	liability company is: L21000405575	5	
		(CHECK THE APPROPRIATE BOX AND C		STATEMENT	
	stater	ains an incorrect statement. The incorrect statement are as follows: TO A SCRIVENOR'S ERROR, THE NAME OF 1		rrect, and the corrected	
	THE	NAME AND ADDRESS OF THE MANAGER IS	;	282	
	MAR	K J. McTAMNEY, 4740 DAVIE ROAD, DAVIE,	FL 33314	43S R01SL	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate corrects as follows:				
		lectronic transmission of the record was defective	c		
	TAN	YA L. BOWER, ESQ., AUTHORIZED REP	Clampforth, 09/2	20/2021	
New F I herei provis obliga reflect	ing the Register by acceptions of a tions of	Signature of Authorized Representative ew registered agent, if applicable :(NOTE: if co designation). ed Agent's Signature, if changing Registered Agent the appointment as registered agent and agreealt statutes relative to the proper and complete pimy position as registered agent as provided for ge in the registered office address, I hereby confine.	enti To act in this capacity. I further agr erformance of my duties, and I am fi in Chapter 605, F.S. Or, if this docu	w registered agent must sign ree to comply with the familiar with and accept the amont is being filed to merely	
		Registered	Agent's Signature		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		