

L22000098471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

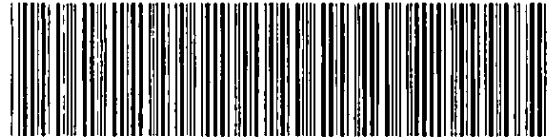
(Business Entity Name)

(Document Number)

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MAY 19 PM 3:30

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

FILED

2022 MAY 19 AM 10:51

DEPARTMENT OF REVENUE  
TALLAHASSEE, FL

5/20/2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: 25.00

AUTHORIZATION SIGNATURE: James L. Hall

DDS Enterprises, LLC L22000098471  
BUSINESS ( Name)

Document #

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy (please stamp each page)

☐ Certificate of Status

#### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

#### AMMENDMENTS

☒ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

#### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( ) ☐  
Country

#### REGISTRATION/QUALIFICATIONS

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Domestication of Foreign Corp.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** DDS Enterprises, LLC

\_\_\_\_\_  
 Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas M Shephard

\_\_\_\_\_  
 Name of Person

DDS Enterprises, LLC

\_\_\_\_\_  
 Firm Company

463 Shaw Lake Rd

\_\_\_\_\_  
 Address

Pierson, FL 32180

\_\_\_\_\_  
 City State and Zip Code

DDSEnterprisesLLC@yahoo.com

\_\_\_\_\_  
 E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas M Shephard

386 490-5631

\_\_\_\_\_  
 Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
 Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

**FILED**

2022 MAY 19 AM 10:51

DDS Enterprises, LLC

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

SIC: 8000  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02-24-2022 and assigned  
Florida document number 122000098471.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:	<u>Nicholas M Shephard</u>
New Registered Office Address:	<u>463 Shaw Lake Rd</u>
	<small>Enter Florida street address</small>
	<u>Pierson</u> , <u>Florida</u> <u>32180</u>
	<small>City Zip Code</small>

**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

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Nicholas M Shephard will be the new Registered Agent and added as a Manager. Melissa Shephard will continue to be a manger of the LLC.

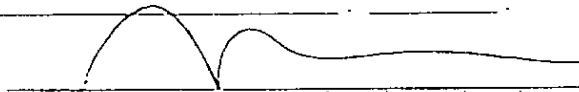
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 19, 2022



Signature of a member or authorized representative of a member

Melissa J. Shephard

Typed or printed name of signee

**Filing Fee: \$25.00**