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(Re	equestor's Name)	
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# **COVER LETTER**

Division of Corp	orations		
SUBJECT: I	) and D 52 L	L C d Liability Company	
	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Dayana	Name of Person	
	DDSZ	LLC Firm/Company	
	-	Firm/Company	
	3522 SPi	MNING RUEL	LN
	<u>Kissimme</u>	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information co	oncerning this matter, please cal	1:	
^	,	at (321) 57 Area Code Daytime	6-3134 Telephone Number
Enclosed is a check for th	e following amount:		
<b>S</b> <del>E</del> \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# Mailing Address:

TO:

Registration Section

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

(Name of the Limited Liability Con (A Florida Limited	npany as it now appears on our rec	2022 AUG -8 AM 10: 11
(A Florida Limite		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L Z Z O D O 1 6 1 9</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line of the	D&D LA	LC" 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)		<del></del>
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
<del></del>	City	Zip Code
NE LED TO LEGEL AND COMMENT OF THE C		

## 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

of removed from our records:

MGR = Manager AMBR = Authorized Member Title Address Type of Action Name MER 3522 SPINING RELLIN Add

DENNIS C. SINGLE KISSINIMEE FL 34746 DREMOVE Rayanana Zapata 3522 SPINIVING Reel JAId Kics Mmer FC 34746 \_\_\_\_\_ □ Remove 

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f an effective dat <mark>Note:</mark> If the da	if other than the dat is listed, the date must be e inserted in this block ctive date on the Depar	specific and cannot does not meet the	applicable statut			
e record specifi d is filed.	s a delayed effective da					h day after the
	-8-72	_ <del></del>				
Dated	<u> </u>		#			
Dated <u>3</u>	- Ray cha	and Z	at authorized repre	sentative of a memb	er	. <del></del>