

L22000293121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

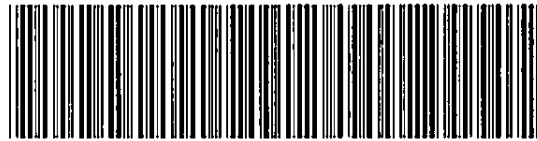
(Document Number)

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2024 APR -1 PM 2:02

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEMP WEEK LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNELL J. BENSON  
\_\_\_\_\_  
Name of Person  
  
DEMP WEEK LLC  
\_\_\_\_\_  
Firm/Company  
  
932 BALKIN ROAD  
\_\_\_\_\_  
Address  
  
TALLAHASSEE, FL 32305  
\_\_\_\_\_  
City/State and Zip Code  
  
DJDEMP850@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNELL J. BENSON  
\_\_\_\_\_  
Name of Person  
  
850 590-6300  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DEMP WEEK 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 on 06/29/2022 and assigned  
Florida document number L22000293121.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DJ DEMP LLC

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:

Niki Parker

New Registered Office Address:

932 Balkin Road

Enter Florida street address

Tallahassee

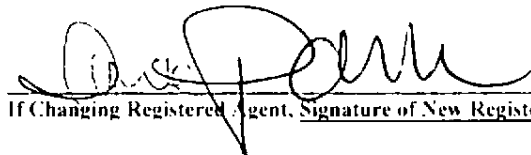
City

Florida 32305

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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.

MARCH 22, 2024

DONNELL BENSON

Typed or printed name of signee

**Filing Fee: \$25.00**

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000293121

Entity Name: DEMP WEEK LLC

Current Principal Place of Business:

932 BALKIN ROAD  
TALLAHASSEE, FL 32305

Current Mailing Address:

932 BALKIN ROAD  
TALLAHASSEE, FL 32305 US

FEI Number: 88-3028029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENSON, DONNELL J  
932 BALKIN ROAD  
TALLAHASSEE, FL 32305 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

3/22/24  
Date

Authorized Person(s) Detail :

Title CEO  
Name BENSON, DONNELL J  
Address 932 BALKIN ROAD  
City-State-Zip TALLAHASSEE FL 32305

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNELL BENSON

CEO

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date