

L22000508503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

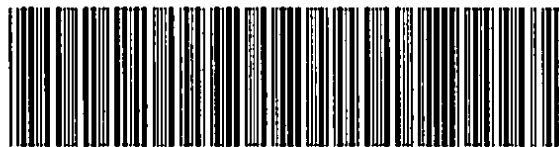
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED 2007 JUN 26 PM 3:05

2007 JUN 26 PM 3:05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2023

CODY POLANIS  
DIVERSE CONTRACTING PROFESSIONALS, LLC  
12561 ABBEY DR  
DADE CITY, FL 33525 US

SUBJECT: DIVERSE CONTRACTING PROFESSIONALS, LLC  
Ref. Number: L22000508503

We have received your document for DIVERSE CONTRACTING PROFESSIONALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

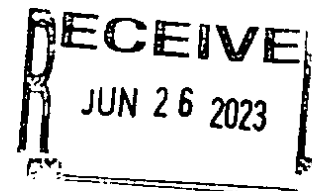
Letter Number: 623A00012512

6/22/23

We have completed the enclosed blank form. Please send the check for the additional amount back to:

12561 Abbey Dr.  
Dade city, FL 33525

Thank you!



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diverse Contracting Professionals, 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:

Brittany Polanis or Cody Polanis  
Name of Person

Diverse Contracting Professionals, LLC  
Firm/Company

12561 Abbey Dr. Dade City, FL 33525  
Address

Dade City, FL 33525  
City/State and Zip Code

diversecontractingprof@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Polanis at ( 813 ) 928-2073  
Name of Person Area Code Daytime Telephone Number

2013 JUN 25 PM 3:05

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**

Diverse Contracting Professionals, 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 10/2/22 and assigned Florida document number 22000508503.

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:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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**

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

| <u>Title</u> | <u>Name</u>             | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-------------------------|----------------------------|--|
| <u>P</u>     | <u>Cody Polanis</u>     | <u>12561 Abbey Dr.</u>     | <input type="checkbox"/> Add               |
|              |                         | <u>Dade City, FL 33525</u> | <input type="checkbox"/> Remove            |
|              |                         |                            | <input checked="" type="checkbox"/> Change |
| <u>VP</u>    | <u>Brittany Polanis</u> | <u>12561 Abbey Dr.</u>     | <input type="checkbox"/> Add               |
|              |                         | <u>Dade City, FL 33525</u> | <input type="checkbox"/> Remove            |
|              |                         |                            | <input checked="" type="checkbox"/> Change |
| <u>VP</u>    | <u>Donald Polanis</u>   | <u>27915 Johnston Rd.</u>  | <input checked="" type="checkbox"/> Add    |
|              |                         | <u>Dade City, FL 33523</u> | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |

[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.

B. Fals

Brittany Polonis

Typed or printed name of signee

**Filing Fee: \$25.00**

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