

7/25/24, 12:57 PM

Division of Corporations

# L23000231809

Florida Department of State  
Division of Corporations  
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(((H24000252015 3)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D&D RENTALS NO. 5, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

K. SALY

JUL 26 2024

**H24000252015 3**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2024 JUL 25 AM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D&D RENTALS NO. 5, 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 July 13, 2023 and assigned Florida document number L23000331809.

This amendment is submitted to amend the following:

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

**D&D WALDO RD, 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 office address, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby certify 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

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C. 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

AR = Authorized Representative

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 90<sup>th</sup> day after the record is filed.

Dated July 25, 2024



Signature of a member or authorized representative of a member

**DANIEL J. ECKHARD**

Typed or printed name of signee

Filing Fee: \$25.00

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