

L23000331827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

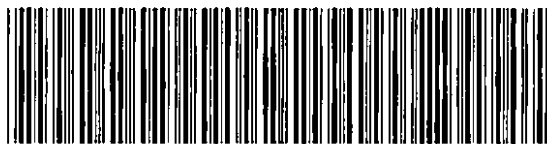
(Business Entity Name)

(Document Number)

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08/21/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D&D WAY 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:

Leidy Ramos
Name of Person

Firm/Company

6267 S Chickasaw Trail
Address

Orlando / FL / 32829
City/State and Zip Code

d.dfamily@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelson Figueroa at (305) 215-8816
Name of Person 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

D&D WAY 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 07/13/2023 and assigned Florida document number 123000331827

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**)

6267 S Chickasaw Trail
Orlando FL 32829

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:

Nelson Figueroa

New Registered Office Address:

6267 S Chickasaw Trail

Enter Florida street address


Orlando, Florida 32829

City

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

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>
MGR	Leidy Ramos	6267 S Chickasaw Trail	<input type="checkbox"/> Add
		Orlando, FL 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Saul A Rodriguez	P.O BOX 620976	<input type="checkbox"/> Add
		Oviedo, FL 32762	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nelson Figueroa	P.O BOX 620976	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32762	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dasha Figueroa	P.O BOX 620976	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32762	<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]

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.

Dated August, 15, 2023.

Leidy Ramos

Signature of a member or authorized representative of a member

Leidy Ramos Type

Typed or printed name of signee