

4/4/24 1:28 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000422720

Note: Please print this page and use it as a cover sheet. Type the filer account number (shown below) on the top and bottom of all pages of the document.

(((H24000124395 3)))



H240001243953/BCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FILLINGS, INC.
Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (866)583-4117

2024 APR -4 PM 3:04

FILED

RECEIVED

2024 APR -4 PM 2:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DDD3 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

APR - 4 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000124395

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DDD3 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:

Michael Merino

Name of Person

Michael Merino PA

Firm/Company

6741 Orange Dr

Address

Davie, FL 33314

City/State and Zip Code

corps@merinolegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Merino

954 321-7701

Name of Person

at (_____) _____
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

2024 / Apr - 4 PM 3:04

FILED

H24000124395

H24000124395

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DD03 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 9/11/2023 and assigned
Florida document number L23000421720

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

_____, Florida _____
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

H24000124395

H24000124395

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>
AMBR	Denise Delgado	3396 Pebble Place Jupiter, FL 33409	☐ Add
			☐ Remove
			☐ Change
MGR	3DDD Management Inc	3396 Pebble Place Jupiter, FL 33409	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 APR 10 PM 3:04

FILED

H24000124395

H24000124395

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

Remove Authorized Member Denise Delgado and add Manager JDD Management Inc.

2024 APR -6 PM 3:04

FILED

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 C207 (3)(c)

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 90th day after the record is filed.

Dated 04/03/2024

Denise M Cassell

to: [redacted]
3/22/24 10:55 PM EDT
4235 *201-3-2W 113

Signature of a member or authorized representative of a member

Denise M Cassell

Typed or printed name of signer

Filing Fee: \$25.00

H24000124395