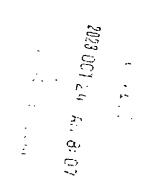
# L23000447368

(Requestor's Name)
(Address)
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# COVER LETTER

.

TO:

Registration Section Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following.	
	TERRY DON DESHIE	<del></del>	
		Name of Person	
	DND DREADLOCKS		
	-	Firm/Company	
	8301 NW 51ST COU	RT	
		Address	<del></del>
	LAUDERHILL, FLOR	IDA 33351	
		City/State and Zip Code	
	dnddreadlocks@gmail	.com	
		to be used for future annual report notif	ication)
For further information o	oncerning this matter, please o	all:	
DEANNE WHILBY-	HTIMS	954 296-6107	
DEANNE WHILBY-SMITH  Name of Person		at (954) 296-6107 Area Code Daytime	Telephone Number
Traine (		wea code Dayune	relephone Hamber
enclosed is a check for the	ne following amount:		
	he following amount:  S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
□X\$25.00 Filing Fee  Mathing Address	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  Street Address:	Certificate of Status & Certified Copy (additional copy is enclosed)
<b>Mailing Addres</b> Registration 5	□ \$30.00 Filing Fee & Certificate of Status  Section	Certified Copy (additional copy is enclosed)  Street Address: Registration Sec	Certificate of Status & Certified Copy (additional copy is enclosed)
Registration S Division of C	S30.00 Filing Fee & Certificate of Status  Section Corporations	Certified Copy (additional copy is enclosed)  Street Address: Registration Sec Division of Cory	Certificate of Status & Certified Copy (additional copy is enclosed)
<b>Mailing Addres</b> Registration 5	S30.00 Filing Fee & Certificate of Status  Section Corporations	Certified Copy (additional copy is enclosed)  Street Address: Registration Sec Division of Cory The Centre of T	Certificate of Status & Certified Copy (additional copy is enclosed etion porations

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DND NATURAL NECESSITIES L.L.C.

(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 1 Florida document number 1 23000447368	Liability Company	were filed on 09/27/	2023	aı	d assign	ed
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or th	he abbreviati	on "L.L.C	, <del></del> ,
Enter new principal offices address, if appli	cable:	17410 NW 27TH	AVE.		_	
(Principal office address MUST BE A STRE		MIAMI GARDEN	S, FLORIDA	33056		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>	8301 NW 51ST C	•	51		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our recor	ds, <u>enter the 1</u>	name of th	e new re	egistere
Name of New Registered Agent:	TERRY DO	4 DECHIELDS			 52	: :-
New Registered Office Address:	2719 NW 6T	H STREET		•		
		Enter Florida si	reet address	<del></del>	9: 07	
	FT LAUDE	RDALE	, Florida	33311		
		Спу			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

Title	Name	Address	Type of Action
AMBR	TERRY DON DESHIELDS	2719 NW 6TH STREET	□Add
		FT LAUDERDALE, FL 33311	□Remove
			☑Change
AMBR	DEANNE WHILBY-SMITH	8301 NW 51ST COURT	DAdd
		LAUDERHILL, FLORIDA 33351	□Remove
			2Change
			□ Add
			TRemove
			□ Change
			□Add
			□ Remove
		<del> </del>	□ Change
	<del></del>		i_J Add
			□Remove
			Ci Change
			□Add
			CRemove
			□ Change

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<u>e:</u> I	e date, if other than the date of filing:
cord s file	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
ed _	OCTOBER 20TH 2023
	The state of the s

Filing Fee: \$25.00