4000055248

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2024 SEP -9 AM 9: 45

SECRETARY OF STATE TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2024

ZACHARY R. ROTH 8818 GOODBYS EXECUTIVE DR JACKSONVILLE, FL 32217

SUBJECT: DSP COUGARWOOD LLC

Ref. Number: L24000055248



We have received your document for DSP COUGARWOOD 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 more 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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 624A00018602

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Zachary R. Roth			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Ansbacher Law, P.A.			ZUZ4 SECF TA
		Firm/Company		SET SET
	8818 Goodbys Executive I	Or.		2024 SEP -9 AN 9: 45 SECRETARY OF STATE TALLAHASSEE, FL
		Address		# 의
	Jacksonville, FL 32217			ECRETARY OF STATE TALLAHASSEE, FL
	·	City/State and Zip Code	 	표 5
	sunbiz@ansbacher.net			
		to be used for future annual report notifi	cation)	
for further information c	oncerning this matter, please co	all:		
Zachary R. Roth		904 7374600 at ()		
Name o	f Person		Telephone Number	_
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address: Registration Section		Street Address: Registration Sec	tion	
Division of Corporations		Division of Corp	orations	
P.O. Box 6327		The Centre of Ta	allahassee	

Doc ID: 775851dfc4f4e7fb7cdb10a07b1b907d0ab5274f

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSP COUGARWOOD LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000055248</u>	were filed on 01/30/2024	and assigned
This amendment is submitted to amend the following:		202 SE 1
A. If amending name, enter the new name of the limited liabi		2024 SEP - SECRETA TALLAH
The new name must be distinguishable and contain the words "Limited Liabilities Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC	or the abbreviation > 122.C." O
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AM 9: 45 OF STATE SEE, FL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address: Enter Florida street of		SS
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Chan	ving Registered Agent, Signature	of New Registered Agent

Page 1 of 3

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	<u>Name</u>	Address	Type of Action
Mgr	Brett Rothberg	8818 Goodbys Executive Dr.	□Add
		Jacksonville, FL 32217	□Remove
			Change 2024 SEP -9
			ARRemove AM 90-15 AND Remove AM 90-15 And Add
			□Remove
			□ Change
. .			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change

Page 2 of 3

D. If amending any other information	on, enter change(s) here: (Attach additional she	eets, if necessary.)
		
		
		2024 SEP SECRETI TALLA
		ARY C
		AH 9: 45 SEE, FL
		111
· 		
E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior to date of filing or more than ick does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(b) rements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the recor	effective date, but not an effective time, a rd is filed.	at 12:01 a.m. on the earlier of:
August 30 Dated	2024	
	KA-R	
Brett Rothberg	ignature of a member or authorized representative of a men	mber
	Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00