

M2 000 000 1272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAY 19 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & D Homes, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dedra Sapp  
Name of Person

D & D Homes, LLC  
Firm/Company

10352 Wood Dove Way  
Address

Jacksonville, FL 32221  
City/State and Zip Code

dedrad@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dedra Sapp at ( 561 ) 398-2279  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: D & D Homes, LLC

Enter new principal office address, if applicable: 10352 Wood Dove Way

Jacksonville, FL 32221  
*(Principal office address)*  
**MUST BE A STREET ADDRESS**

Enter new mailing address, if applicable: 10352 Wood Dove Way

Jacksonville, FL 32221  
*(Mailing address)*  
**MAY BE A POST OFFICE BOX**

2. The Florida document number of this limited liability company is: MZ 0000001272

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 1/21/20

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Dedra Sapp

New Registered Office Address: 10352 Wood Dove Way

*Enter Florida Street Address*

Jacksonville, Florida 32221  
*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.*

Dedra Sapp

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

last name change only

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Dedra Sapp</u>	<u>10352 Wood Dove Way</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32221</u>	
		<u>Dedra Davis</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2019 MAY 19 AM 10:55  
JACKSONVILLE  
FLORIDA  
COUNTY CLERK  
RECEIVED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Dedra E Sapp  
Signature of the authorized representative

Dedra E Sapp  
Typed or printed name of officer

Filing Fee: \$25.00