L13000012635

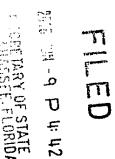
(Re	questor's Name)	
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	☐ WAIT	MAIL
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COVER LETTER

FO: Registration Se Division of Cor			
DDBOYS,			
SUBJECT:		ited Liability Company	····
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
-	DOM	ENIC V. MANCUSO	
		Name of Person	
	DI	DBOYS, L.L.C.	
		Firm/Company	1. 400 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	3652	VOARO WAY	
		Address	
	WEST PA	ALM BEACH, FLORIDA 33405	
		City/State and Zip Code	
		ncuso1@gmail.com	-
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
DOMENIC MANCUSO		561 460-6841 at ()	
Name o	of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDBOYS, L.L.C.		
(<u>Name of the Limited Liabi</u> (A Flori	<mark>lity Company as it now appears on our records</mark> da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on 01/18/2013	and assigned
Florida document number L13000012635	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited 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 ADD	(RESS)	
		F ST F
Enter new mailing address, if applicable:		4: 42 STATE LORID
Mailing address MAY BE A POST OFFICE BOX)		
-	* .	
3. If amending the registered agent and/or regregistered agent and/or the new registered office ad		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

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 Actio
AMBR	DANIELLE P. MANCUSO	3652 VOARO WAY	Add
		WEST PALM BEACH, FLORIDA	□ Remove
			Change
			🗖 Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add -
		ORIDA	U Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	€ *.
	06/24/2016
f fectiv an effec	re date, if other than the date of filing: (optional) tive 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 605.02
ote: li	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 9	90th day after the record is filed.
ated _	JUNE 4 2016
	Signature of a member of authorized representative of a member
	DOMENIC V. MANCUSO
	Typed or printed name of signee CORDE 5. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12

Page 3 of 3

Filing Fee: \$25.00