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# COVER LETTER

**Division of Corporations** DOUBLE DOWN HOLDINGS, LLC SUBJECT: \_ 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: Dana M. Santino, Esq. Name of Person Law Offices of Dana M. Santino Firm/Company 7111 Fairway Drive, Suite 302 Address Palm Beach Gardens, FL 33418 City/State and Zip Code dsantino@dmslawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 691-6045 Dana M. Santino, Esq. Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

TO:

Registration Section

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

### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited			
(,5	I Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on	August 13, 2015	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company h	ere:	
The new name must be distinguishable and contain the wor		designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	`ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<del></del> -		15 00
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address o ice addr <u>ess here</u> :	n our records, <u>enter</u>	the hame of the he
Name of New Registered Agent:			- N
New Registered Office Address:	Enter Flo	orida street address	R
		, 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

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

MGR	Name	Address	Type of Action							
MGR	DDH MANAGEMENT. LLC	7111 Fairway Drive, Ste 302	Add							
		Palm Bch Gardens, FL 33418	□ Remove							
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Filing Fee: \$25.00