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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<del></del>
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
ena tr	D10DE LL	C		
SUBJE)	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jeffrey Henning		
			Name of Person	
		D10DE LLC		
			Firm/Company	
		299 Current Drive		
			Address	
		Rockledge, Florida 32955		
			City/State and Zip Code	
		jefthenning117@gmail.con E-mail address: (	n to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
Jeffrey	Henning		321 507-5524	
	Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1)10100	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ned Liability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number <u>L19000074573</u> .	oany were filed on 03/18/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	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 ADDRESS	0 <u></u>
Enter new mailing address, if applicable:	9 AUG 26
Mailing address MAY BE A POST OFFICE BOX)	SSC A
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jeffrey Henning	299 Current Drive Rockledge, FL 32955	
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			Change
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an effective date is listed, the <b>fote:</b> If the date inserted in	date must be specific	e and cannot be prior	to date of filing or	nore than 90 days a	fter filing.) Pursuant to his date will not be	605,0207 listed as
ocument's effective date of	on the Department	of State's records.	uizie minunzi y iiii	E reduitement		
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The 90th day after t	he record is fil-	ed.				
		7010				
August 22			·			
$\bigcirc$ $\Box$	Henning Signature					
Jeffrey	grenning	af a momber or auth	orized representativ	e of a member		-
// LAC //						
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Filing Fee: \$25.00