

K21000051610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

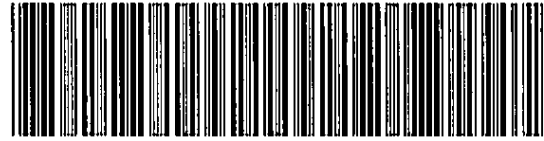
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STATE OF TEXAS
DIVISION OF CORPORATIONS
21 MAR - 4 PM 3:48

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 10:10 DDSR LLC
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:

Molly Dunphy
Name of Person

Dunphy Properties
Firm/Company

21760 SE 54 # 102
Address

Lutz FL 33549
City/State and Zip Code

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

For further information concerning this matter, please call:

Molly Dunphy at (813) 283 2558
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR -4 PM 3:48

10:10 DDSR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1:28.21 and assigned Florida document number L21000051610

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address

_____, 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

SECRETARY OF STATE
 DIVISION OF CORPORATION

21 MAR -4 PM 3:45

Title	Name	Address	Type of Action
MGR	<u>Tim Murphy</u>	<u>21760 SR 54</u>	<input type="checkbox"/> Add
		<u>Suite 102</u>	<input checked="" type="checkbox"/> Remove
		<u>Lutz FL 33549</u>	<input type="checkbox"/> Change
AMBR	<u>Steve Shuler</u>	<u>43 Woodstock Street</u>	<input type="checkbox"/> Add
		<u>Atlanta GA 30075</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>Chris Rice</u>	<u>3901 Western Parkway</u>	<input type="checkbox"/> Add
		<u>Richmond VA 23233</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<u>Dunphy Properties LLC</u>	<u>21760 SR 54</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 102</u>	<input type="checkbox"/> Remove
		<u>Lutz FL 33549</u>	<input type="checkbox"/> Change
AMBR	<u>Shuler Properties LLC</u>	<u>43 Woodstock St</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta GA 30075</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>CCJR LLC</u>	<u>7110 Forest Ave, Ste 103</u>	<input checked="" type="checkbox"/> Add
		<u>Richmond VA 23226</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR -4 PM 3:49 Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JKB LLC	7110 Forest Avenue	<input checked="" type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Richmond, VA 23226	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* DIVISION OF CORPORATIONS

21 MAR -4 PM 3:49

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2.24.2024

Handwritten signature of Jim Dunphy

Signature of a member or authorized representative of a member

Jim Dunphy
Typed or printed name of signee