## L040000 23913

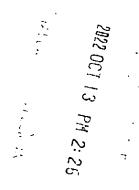
(Requestor's Name)	
(Address)	
( (daisss)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
Certified Copies Certificates of Status	
	1
Special Instructions to Filing Officer:	





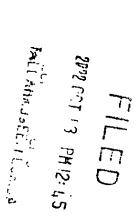
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DASH AUTOMOT	IVE, LLC			
<del> </del>	<del></del>	<del></del>	1	
			<u> </u> 	
				Art of Inc. File
<del>.</del>			1	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trnde/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	10/07			UCC 1 or 3 File
Name	Date	Time		UCC 1! Search
				UCC 11 Retrieval
Walk-In	Will Pick Up		<b> </b>	Courier

## **COVER LETTER**

	ation Sec a of Corp	ction porations				
DA SUBJECT.	SH AUT	OMOTIVE, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed Art	icles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all o	correspor	ndence concerning this matter	to the following:			
		CHRISTINA RHANEY				
			Name of Person		-	
		KASS SHULER, P.A.				
			Firm/Company		-	
		1505 N FLORIDA AVE				
		71,	Address		-	
		TAMPA, FL 33602				
			City/State and Zip Code	****	-	
		CRHANEY@KASSLAW.				
		E-mail address:	to be used for future annual repo	ort notification)		
For further inform	nation co	ncerning this matter, please o	all:			
CHRISTINA RH	IANEY		813 405-2	\$74		
	Name of	Person	at () Area Code	Daytime Telephone Numbe	<u></u> г	
Enclosed is a che-	ck for the	e following amount:				
<b>\$</b> 25.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifica d) Certifica	ate of Status &	
	Address		Street Addr.			
_	ration Son of Co	ection orporations		Registration Section Division of Corporations		
P.O. Bo	ox 6327	•	The Centre	e of Tallahassee		
Tallaha	issee, F	L 32314	2415 N. M	lonroe Street, Suite 8	10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DASH AUTOMOTIVE, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recombility Company)	cords.)
The Articles of Organization for this Limited Liability Company v	were filed on 3/17/2004	and assigned
Florida document number L04000023913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
DE DUCH, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		P <sup>2</sup> 2 (
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Р П
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>en</u>	ter the name of the new registere
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	dress
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as properties to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			🖸 Remove
			DChange
			□Add
			□Remove
			□Change
			☐Add
			Remove
			☐ Change
			DAdd
			©Remove
			□Change
••••			bbAC
		□Remove	
			Change
			DAdd
			□Remove
			∏Change

Note:	tive date, if other than the date of filing:  (optional)  ffective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	10-12-2023 Well M. W.
	Signature of a member or authorized representative of a member
	DONALD DUCHESNE  Typed or printed name of signee