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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DX FORCE Stade Fathers LCC 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:
Reba Sherrets. Name of Person
Worldwide Alliance, Lic. Firm/Company
1951 SW 18th Ct. Address
Ocala, FL 34471 City/State and Zip Code
Ceam doubles Dembourg mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 35a) 840-9633 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\$

MAILING ADDRESS:

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**

FILED

OXFORD Slo (Name of the Limited		neys UC ny as it now appears of iability Company)	SECRE LALLA n our records.) Al	TARY OF STATE		
The Articles of Organization for this Limited Li. Florida document number		were filed on1	1 .	and assigned		
Tiona document number	<u> </u>					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	" the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applica	ıble:	1951 2	W 18th CH			
(Principal office address MUST BE A STREE)	r ADDRESS)	Ocala,	FL 344	11		
Enter new mailing address, if applicable:		1951 5	SW 18th	C+.		
(Mailing address MAY BE A POST OFFICE 1	Ocala, FL 34471					
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered offi ice address here	ice address on our :	records, enter	the name of the new		
Name of New Registered Agent:	worldwide Alliance LC					
New Registered Office Address:	1951 SW 18th Cf. Enter Florida street address					
	O co	la_ City	, Florida	34471 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 608, 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.

1f Changing Registered Agent, Signature of New Registered Agent

Reba Sherrets. Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Address Title Name** Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Shervets.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00