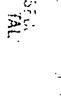


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COVER LETTER

TO:

ŢΟ:	Registration Se Division of Cor		•	•	
ar'n tr		HOLDINGS LLC	i *		
SUBJI	:C1:	Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		DEBBIE HUGHES			
			Name of Person		
		HUGHES CONSULTING	SERVICES, LLC		
			Firm/Company		
		522 ALT. US HWY 19			
			Address		
		PALM HARBOR, FL 34683			
			City/State and Zip Code		
		DEBBIEHUGHES@CONS		<u> </u>	
		E-mail address: ()	to be used for future annual report not	ification) ;	
For fur	ther information c	concerning this matter, please ca	all:		
DEBB	HE HUGHES		727 631-2274	ye Telephone Number 9	
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclos	sed is a check for t	he following amount:			
■ \$2	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 Addres		Street Address:	action	
	Registration Division of C		Registration Se Division of Co		
	P.O. Box 632	-	The Centre of	Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUTTON HOLDINGS 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 3/19/2008 and assigned Florida document number __L08000028521 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 "LLC." 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DOTTERER, JARID	522 ALT. US HWY 19	□Add
		PALM HARBOR, FL 34683	Remove
			□Change
			ElRemove
			☐ Change
			□ Add □ Remove
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			Change
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			□Change
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			□Change

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06/01/2023	(antianul)
fective date, if other than the date of filing:	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.02
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cument a cricerye tane on the Department of Male a records.	
ecord specifies a delayed effective date, but not an effective time.	at 12:01 a m. on the earlier of: (h). The 90th day after the
is filed.	(at 12.01 d.m. on the earlier of (0)
nted 06 16 2023,	
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Signature of a number or authorize	ed representative of a member
<u> </u>	

Filing Fee: \$25.00