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SECRETARY OF STATE

ALLAMASSEE FI ORIO

J. LEGGETT APR 1 9 2018

COVER LETTER

TO:	Registration Se Division of Corp			
CUPU		BOY RECORDS, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		COREY ELLIS		
			Name of Person	
			Firm/Company	
		3029 E MISSIONWOOD	CIR	
			Address	
		MIRAMAR, FLORIDA 33	3025	
			City/State and Zip Code	
		CELLIS4305@GMAIL.CO	MC	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
CORE	EY ELLIS		786 202-3127	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	c following amount:		
□ \$2	5.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NASSAU BOY RECORDS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	5.)
The Articles of Organization for this Limited Liability Company	y were filed on 01/15/2009	and assigned
Florida document number L0900005034		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
DAKCA, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		2013
		- C - 3
		5 = - 1
Enter new mailing address, if applicable:		SSE OF T
(Mailing address MAY BE A POST OFFICE BOX)		39 主
		27 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
		orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
		 	Remove
			☐ Change
			Change
			□ Remove
			☐ Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing tee: If the date inserted in this block does not meet the applicable statutory (cument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective factoring the 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
ted	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00