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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

	egistration Sec ivision of Corp						
~ · · · · · · · · · · · ·	DAKCA, LL	.C					
SUBJECT	:	Name of Limited Liability Company					
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	m all correspoi	ndence concerning this matter	to the following:				
		COREY A ELLIS					
			Name of Person				
			Firm/Company				
		3029 E MISSIONWOOD	CIR				
			Address				
		MIRAMAR FLORIDA 33	025				
			City/State and Zip Code				
		CELLIS4305@GMAIL.CC					
		E-mail address: (1	to be used for future annual report notific	cation)			
For further	information ec	oncerning this matter, please ca	all:				
COREY A	ELLIS		786 202-3127 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

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

DAKCA, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company 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 lin	nited liability company here:	
CONTROL MARKETING, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2 5 150
B. If amending the registered agent and/or regi		
registered agent and/or the new registered office ad-	<u>dress here</u> :	T ROLL SEE
		Shirt
Name of New Registered Agent:		- 19 J
New Registered Office Address:		
	Enter Florida street address	\$ N
	, Florid	a.
	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>	<u>Address</u>	Type of Action
MGR	RUDOLPH J ELLIS JR	3029 E MISSIONWOOD CIR MI	Add
			Remove
			Change
MGR	TAMIKA ELLIS	3029 E MISSIONWOOD CIR MI	
			☐ Remove
			Change
			Add
			☐ Remove
			Change
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Effective date.	, if other than the date is listed, the date must be	te of filing:	be prior to date of fi	ing or more than 90 da	(optional)	mi to 605 0207 <i>i</i>
Note: If the da	te inserted in this block ective date on the Depar	does not meet th	e applicable statuto			
	ecifies a delayed ef lay after the record		but not an effe	ctive time, at 12	2:01 a.m. on the	earlier of:
Dated						
		, ;	1/4			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00