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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF CORPORATIONS

J DENNIS

OCT 2 8 2022

## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

		٠	•
SUBJECT: D.A.B. Su			المراجع المها
	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Desiree A. Blake		
		Name of Person	<del></del>
	D.A.B. Support Services	440	
		Firm/Company	
	945 Classic View Drive		
	<del></del>	Address	
	Auburndale	FL 33823	
		City/State and Zip Code	
	dblake@dabss.org	to be used for future annual report not	<del> </del>
For further information c	concerning this matter, please c	•	исанов)
Desiree A Blake		at (_863)_8752278	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$57.00 Filing Fee & Certified Copy rad litional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mulling Address	p.		
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	
P.O. Box 632	7	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.A.B. Support Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Linuted Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 11, 2009 \_\_\_ and assigned Florida document number 1.09000077475 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 \_, Florida \_\_\_

## 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

ii 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>	Name	Address	Type of Action
MGR	Gary T. Hartfield	3420 S Dale Mabry Hwy, Unit S. Tampa, FL 33629	<b>=</b> Add
			□Remove
			🗆 Change
	·	🗆 Add	
		□Remove	
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		□Add	
			_ □Remove
			□Change
		_ 🗀 Add	
		□Remove	
			_ 🗆 Change
<del></del>			_ 🗆 Add
			_ □Remove
			Change

ffec	tive date, if other than the date of filing:(optional)
an ef	fective 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
ocur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	,
reco	rd 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
l is fi	led.
ated	August 2nd 2022
	i)esie H. Blake
	Signature of a member or authorized representative of a member
	Desiree A. Blake

Filing Fee: \$25.00