

L10000129447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

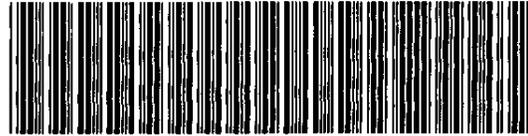
(Document Number)

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**A. LUNT**  
OCT -4 2011  
**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 03 2011 09 59

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DCCF Properties LLC**  
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:

Carter Funk  
Name of Person  
DCCF Properties LLC  
Firm/Company  
4045 Cordova Ave.  
Address  
Jacksonville, FL 32207  
City/State and Zip Code  
carterfunk@comcast.net  
E-mail address: (to be used for future annual report notification)

**FILED**  
**2009 OCT -9 PM 10 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Carter Funk at ( 904 ) 669-7964  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 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**

**DCCF Properties 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 12/17/10 and assigned Florida document number L10000129447.

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 end with the words "Limited Liability 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)

**FILED**  
2011 OCT -9 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_  
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 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CF Investment Properties LLC	6005 Powers Ave Suite 110 Jacksonville, FL 32217	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RBB Developers LLC	114 Harbor View Ln Belleair Bluffs, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CKF Investment Properties LLC	6005 Powers Ave Suite 110 Jacksonville, FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	R.B.B. Developers LLC	114 Harbor View Ln Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 OCT 3 2018  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

Carter Funk  
Signature of a member or authorized representative of a member

Carter Funk  
Typed or printed name of signee