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SEGRETARY OF STATE

COVER LETTER

TO:, Registration Section Division of Corpora				
SUBJECT: DG	T Mana a Name of Lir	general LLC plited Liability Company	<u>/</u>	
The enclosed Articles of Ame	endment and fee(s) are su	bmitted for filing.		
Please return all corresponden	ice concerning this matte	r to the following:		
_	Gigi	Iza		
-	DEI M	Name of Person Ana Coment, 1 Firm/Company	LC	
-	4781 N	Confres Ave	世122	TALLAR 16 OC
-	Boynton	Beach Fr. City/State and Zip Code	33426	ECRETAR SEE FLORIDA
_	J-mail all dress:	12a a a Mau (to be used for future annual report notif	ication)	4 tr 4t
For further information conce	rning this matter, please	call:		The state of the s
Name of Pers	J Za	at (954) 67 Area Code Daytimo	3 - 2 Soo	-
Enclosed is a check for the fo	llowing amount:			
□ \$25.00 Filing Fee	1830.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &

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

DET Manage	ment	Cle	eds)		
(A Florida Limited (A Florida Limited)	d Liability Company	y)	<u>us.</u>)		
(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 Avgret 17, 2011 and assigned Florida document number 11000094275. 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" or the abbreviation "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 neregistered agent and/or the new registered office address here: Name of New Registered Agent:	ned				
This amendment is submitted to amend the following:	A Florida Limited Liability Company were filed on August 17, 2011 and assigned August 17, 2011 and assi				
A. If amending name, enter the new name of the limited lia	ability company	here:			
					
The new name must be distinguishable and contain the words "Limited Lia	bility Company," th	e designation "LL	C" or the abbrevia		 ≥4:
Enter new principal offices address, if applicable:			-	·	- C:
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	5
					1001 1001
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			<u> </u>	<u>.</u>	-25
(Mailing address MAY BE A POST OFFICE BOX)	·				
		·			
B. If amending the registered agent and/or registered	office address	on our record	ds, enter the	name of	the new
registered agent and/or the new registered office address he	<u>ere</u> :				
Name of New Registered Agent:					
New Registered Office Address:	F	-1 -1			*****
	Enler F	Aorida street addre	?\$\$		
	City	, F		iv Code	
Now Designated Agent's Signature if shanging Designated Agen	•		2.	,	

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

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lf`an effe <u>Note:</u> I	re date, if other than the date of filing: Ochober 19 20 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursua f the date inserted in this block does not meet the applicable statutory filing requirements, this date will no not's effective date on the Department of State's records.	nt to 605.020 t be listed a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier (
Dated _	0 cho ber 19 2016.	
	Chical Bay	
	signature of a member by authorized representative of a member	

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Filing Fee: \$25.00