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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Cor | | | | |
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| SUBJECT: | Toor Source | of Florida, LL | \mathcal{L} | |
| SUBJECT | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Dougla | Name of Person | | |
| | | Name of Person | | |
| | Floor Sou | irce of Florida, Firm/Company | 2021 MAR -8 SECRETALL DO | Fŋ |
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| | 3751 G | len Oaks Hanor Address | Dr. & | |
| | | Address | A P F |) ; |
| | Sarasota | , FL 34232 | Florida. com | - |
| | | City/State and Zip Code | | |
| | dear 15 on 6 | 2 floor source of | tication) | |
| For Combanic Comments | E-mail address. (| all. | meation | |
| | _ | | | |
| Douglas Co | arlson | at (<u>941</u>) <u>524</u> - Area Code Daytim | -6390 | |
| Name o | f Person | Area Code Daytim | ne Telephone Number | |
| | | | | |
| Enclosed is a check for the | he following amount: | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed) | |
| | | | | |
| Mailing Addres | | Street Address: | | |
| Registration S | | Registration Se | | |
| Division of C P.O. Box 632 | • | Division of Cor The Centre of T | | |
| Tallahassee, l | | 2415 N. Monro | e Street, Suite 810 | |
| | | Tallahassee, FL | _ 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| Floor Jource of F | 1671aa, LLC |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | tability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 12 000083443</u> | were filed on $06/25/2012$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| DCARL, LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | DCARL, LLC |
| (Principal office address MUST BE A STREET ADDRESS) | 3751 Glen Oaks Hanor Dr. |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a | 3751 Glen Oaks Hanor Dr. Sarasota, FL 34232 DCARL, LLC 3751 Glen Ooks Hanor Dr. Sarasota, FL 34232 |
| 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: | Day Conc |

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 |
|--------------|-----------------|--|--|
| AMBR | Dorothy Carlson | 3751 Glen Oaks Manor Dr. Sarasota, Fl 34232 | E Add |
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Filing Fee: \$25.00