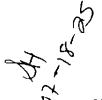
## 1200133651

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

	•	COVER LETTE	R	
TO: Registration Se Division of Cor	ection porations	<b>.</b>	) 4.	· •
SUBJE <b>Č</b> T:	•	DUNHILL, LLC		A.
	Name of Lim	ited Liability Company		<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FREEMAN, ARTURO			
		Name of Person	-	·
		DUNHILL, LLC		
		Firm/Company		
	261 N Universit	y Dr. Ste. 500		
		Address		
	PLANTATION, FL 33324			
		City/State and Zip Code		
	AFREEMAN@DUNHILLI			
		to be used for future annual	l report notificati	ion)
For further information c	oncerning this matter, please ca	аИ:		
FREEMAN, ARTURO		954 at ()	210-4537	·
Name o	f Person	Area Code	Daytime Te	lephone Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street A		
Registration 9 Division of C		<del>-</del>	ration Sectio on of Corpor	
P.O. Box 632	.7	The Ce	entre of Talla	ahassee
Tallahassee, l	FL 32314	2415 N	N. Monroe S	treet. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DUNHILL.		2025 HAY 22 AH 9: 35
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reco ability Company)	<del></del> /
The Articles of Organization for this Limited Liability Company via Florida document number	1,,,,,,,	Tes E
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "Ll	LC" or the abbreviation "L.L.C."
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 adapted and/or the new registered office address here:	ldress on our records, <u>ent</u>	er the name of the new_registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addi	^ess
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties,	and I am familiar with and

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>	Name	Address	Type of Action
MGR	MCDONALD FERGUSON	261 N University Dr.Ste. 500	
		PLANTATION, FL 33324	□Remove
			□Remove
			□Change
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change

	F:LED
	2025 MAY 22 AM 9: 35
·	27 1 STATE
<del></del>	, , , , , , , , , , , , , , , , , , ,
	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 et the applicable statutory filing requirements, this date will not be listed
d specifies a delayed effective date, but not a led.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
14 MAY	2025
1 0	
Signature of a me	mber or authorized representative of a member