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ARIA SORIUSE

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT

DYC GROUP 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:

ELIEZER PINSON

Name of Person

FLORIDA STATE TRUST

Firm/Company

6015 WASHINGTON STREET, SUITE 200

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

E@FST26.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIEZER PINSON

₃₁,305 ,343

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

■ \$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

DYC GROUP LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Co Florida document number L1300003786	mpany were filed on 11/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	36
Enter new mailing address, if applicable:		APR I
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	and office address on our records	SO CO PRIME
registered agent and/or the new registered office addre	ered office address on our records ess here:	, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SHELY GRATSIANI	PO BOX 820	
		HALLANDALE, FL 33008	Remove
		 	
		- • ··	Add
			□ Remove
			Add
			Remove
			Remedie APR
		₩	A Simove
			□ Add
			□ Remove

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fective date, if other than e effective date must be specific, e date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more	(optional) than 90 days after
o3/27	2014	
	————·	
	17/1/c·326 11x2 1	
	Signature of a member or authorized representative of a m	ember
GIDEON I	Signature of a member or authorized representative of a m	ember

Page 3 of 3

Filing Fee: \$25.00

