L13000038141

| (Rec | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | lress) | |
| (Ado | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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4AY 1.2 2015 J. HARRIS



To whom it may be concerned:

I am sending this amendment and filing fee to remove Mouse Mouth Management LLC as an Authorized Member and adding myself (Kevin M. Christie II) as the only Manager. There will be no other Managers or Authorized Members

COVER LETTER

| то:' | Registration Sec Division of Corp | | | | |
|---------------|--------------------------------------|--|---|--|--|
| CUD IT | DKRC Hold | | | | |
| SUBJE | Name of Limited Liability Company | | | | |
| The end | closed Articles of A | Amendment and fee(s) are subr | nitted for filing. | | |
| Please 1 | eturn all correspor | ndence concerning this matter t | to the following: | | |
| | | Kevin Matthew Christie II | | | |
| | | | Name of Person | | |
| Firm/Company | | | | | |
| | | 2900 North Military Trail 2 | 220 | | |
| | | | Address | | |
| | | Boca Raton, FL 33431 | | | |
| | | | City/State and Zip Code | | |
| | drkchristie@gmail.com | | | | |
| | | E-mail address: (t | o be used for future annual report notifi | cation) | |
| For fur | ther information co | oncerning this matter, please ca | all: | | |
| Kevin | M Christie II | | at () 856-1399 Area Code Daytime | Telephone Number | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclose | ed is a check for th | e following amount: | | | |
| ■ \$2: | 5.00 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

| DKRC Holdings LLC | | |
|--|--|--|
| (<u>Name of the Limited Liability</u> (A Florida I | Company as it now appears on our recor Limited Liability Company) | <u>'ds.</u>) |
| The Articles of Organization for this Limited Liability Co | mpany were filed on March 13, 2013 | and assigned |
| Florida document number L13000038141 | <u>_</u> . | |
| 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 contain the words "Limite | ed Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | —————————————————————————————————————— | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | TAE 16 |
| | | <u> </u> |
| | | 75 TO 1 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | A STATE OF THE STA |
| | | ORIDA |
| | | *** |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | ered office address on our recordess here: | ls, <u>enter the name of the ne</u> v |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | · |
| | Enter Florida street addre | ess |
| *** | | lorida |
| N. B. L | 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 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 |
|--------------|----------------------------|--------------------------------|---|
| MGR | Kevin Matthew Christie II | 2900 North Military Trail 220 | |
| | | Boca Raton, FL 33431 | □ Remove |
| | | | ☐ Change |
| | Mouse Mouth Management LLC | 1231 West Northern Lights BLVD | |
| | | #911 | ■ Remove |
| | | Anchorage, AK 99503 | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove AHAMA DANGE DANGE ARCHOOLE DANGE Remove |
| | | | Remove |

| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated May 6th Told Signature of a member or authorized representative of a member Kevin M. Christie II Typed or printed name of signee | If amending any other inf | ormation, enter c | change(s) here: (Attach | additional sheets, if no | ecessary.) | |
|--|-------------------------------|---------------------|------------------------------|---|--|----------------------|
| Effective date, if other than the date of filing: | · · · · · · | | | | | _ |
| Effective date, if other than the date of filing: [If an effective date is listed, the date must be specifie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filled. Dated Mod 6th 7016 AFT FOR Signature of a member or authorized representative of a member of the policy of the p | | | | | | |
| Effective date, if other than the date of filing: [If an effective date is listed, the date must be specifie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filled. Dated Mod 6th 7016 AFT FOR Signature of a member or authorized representative of a member of the policy of the p | | | | | | _ |
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| Effective date, if other than the date of filing: | | | | | | _ |
| Effective date, if other than the date of filing: | | | | | | _ |
| Effective date, if other than the date of filing: | | | | | | |
| Effective date, if other than the date of filing: | | | | | - | <u>—</u> |
| Effective date, if other than the date of filing: | | | | | | |
| Effective date, if other than the date of filing: | | | | | | _ |
| Effective date, if other than the date of filing: | | | | | | _ |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated May 6th , 7016 . Signature of a member or authorized representative of a member Kevin M. Christie II | | | | | | _ - |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the poth day after the record is filed. Dated May 6th, 7016. Signature of a member or authorized representative of a member Kevin M. Christie II | | | | | | _ |
| The 90th day after the record is filed. Dated May 6th , 7016 | Note: If the date inserted in | this block does not | meet the applicable statut | ling or more than 90 days a pory filing requirements, | otional) fter filing.) Pursuant to 6 this date will not be l | 605.0207 isted as |
| Signature of a member or authorized representative of a member Kevin M. Christie II | | | | ctive time, at 12:0 | 1 a.m. on the ea | rlier of |
| Signature of a member or authorized representative of a member Kevin M. Christie II | Dated May 6 th | · | 7016 | | | |
| Signature of a member or authorized representative of a member Kevin M. Christie II | Q1) | UB_ | | | | _ |
| Kevin M. Christie II | | Signature of a | a member or authorized repre | sentative of a member | | • |
| | Kevin M. Christi | e 11 | Total | | ို ဟ | |

Page 3 of 3

Filing Fee: \$25.00