LB00011804

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DVC Wou'c Rescues 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:
Racel Thompson Name of Person
DUC Maic Resules Firm/Company
25341 Tronurdge Dr Address Dr
Sorrando, FL 32776 EE
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Recence Thompson at (352) 501-9647 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

DUC Magic R	escis.		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on c nited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on6	-29-17 and assi	gned
Florida document number <u>L13000071804</u> .			
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 l	Liability Company," the designa	tion "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s</u> y _ ' ^	_	÷
		7 SE 28	
Enter new mailing address, if applicable:	ش	II Jul	П
(Mailing address MAY BE A POST OFFICE BOX)		SAR I	
		· FO >	П_
B. If amending the registered agent and/or registere	d office address on our	records, enter the name o	f the new
registered agent and/or the new registered office address	here:	A	٠
Name of New Registered Agent:	<u></u>		•
New Registered Office Address:	Enter Florida str	est address	
	2000 1 10 100 350		
·	City	, Florida 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
Agent	Rocarce Thompson	2534/ Fronwedge DY Sorrendo, GL32776	
		50 rundo, 6232776	Remove
			Change
			☐ Remove
			Change
		<u></u>	□ Remove
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			© □ Remove □
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	***		Add
			Remove
			Change
			□ Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I wish to remove myself (Raunce
Thompson) as the registered agent.
Please also Comple the address
(25341 Iron vedo DV GOVVENDO FL
32776) as this is my home address
(2) 20 10 00 10 00 10 10 10 10 10 10 10 10 10
CNO 110 100gar Water 15 TO De associated
With DVC Majic Resoles. I have
cotached a DIVI to prave my loscome.
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SSET 1
ORIGINAL TO THE TOTAL TO
E. Effective date, if other than the date of filing: 5'-H-1/ (optional?
(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 605.0207 (3)(b Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.
Dated $6 \cdot 29 - 17$
Signature of a member or authorized representative of a member
Occiona Thomas OF an
Thompson Typed or printed name of signee

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Filing Fee: \$25.00