| (Reque | stor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Name) | |
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| (Docum | nent Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filin | g Officer: | |
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COVER LETTER

| TO: Registration Sect Division of Corpo | | | | |
|--|---|--|--|-------------|
| SUBJECT: DL | * Associat Name of Limi | es LLC ted Liability Company | | |
| | mendment and fee(s) are subr | | | |
| Please return all correspond | dence concerning this matter t | to the following: | | |
| | DANN | 9 GAHis | | |
| | | Name of Person | | |
| | DL & As | Firm/Company | bistered Agent) | |
| | 6147 A1 | beth Rd. (Address | | |
| | | • | Č | 5 产系 |
| | <u>ORIA</u> | City/State and Zip Code FIS YALSO, Co to be used for future annual report notifications. | 810 | MAR LAHA |
| | | City/State and Zip Code | | 5 |
| | E-mail address: (1 | o he used for future annual report notific | ation) | P. 150 |
| B 64 16 0 | | | mon) | 1 2: |
| For further information cor | ncerning this matter, please ca | ni: | · | AF 28 |
| | GATTIS | at (321) 322 Area Code Davtime T | 8400 | 3 |
| Name of I | ?erson | Area Code Daytime T | elephone Number | |
| | | | | |
| Enclosed is a check for the | following amount: | | | |
| \$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

| DL & Associa | | |
|--|---|-----------------------------------|
| (Name of the Limited I | Jiability Company as it now appears on our reco Florida Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liabi Florida document number _/3000/28 | | and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | X) | SECRETARY TAILLAHASSE 16 HAR 10 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our recore address here: | rds, enter the name of the new 2: |
| Name of New Registered Agent: | | 29 DFF |
| New Registered Office Address: | Enter Florida street add | lress |
| | | Florida |
| | City | Zip Code |
| New Registered Agent's Signature if changing Degi | istered Agent. | |

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

| AVIDK - A | ntnotizen iateinnet | | |
|--------------|---------------------|--|-----------------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| AME | William Keller | 6)9 S. LAKEWOOD AVE Deoce, fl 34761 | |
| | | Devec, fl 34761 | - Remove |
| | | | ☐ Change |
| AME | Alfred Richardella | 2420 Winward WAY | D Add |
| | | ORIANDO, FI | □ Remove |
| | | | Change |
| | | | OAdd TALL |
| | | <u></u> | SECRETARY TALLAHASSI |
| | | | SSEE FLORIDA Change M 2: 29 Add |
| | | • | TAFE ORIDA 2: 29 |
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| ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or m If the date inserted in this block does not meet the applicable statutory filinent's effective date on the Department of State's records. | (optional) ore than 90 days after filing.) Pursuant to 605. g requirements, this date will not be liste |
| cord specifies a delayed effective date, but not an effective t 90th day after the record is filed. | ime, at 12:01 a.m. on the earlie |
| March 10th, 2016. | |
| | _ |
| Danny Son to | |

Page 3 of 3

Filing Fee: \$25.00