L13000153685

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

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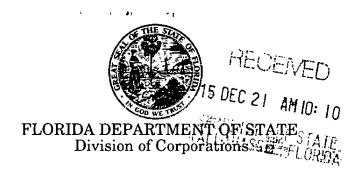
COVER LETTER

	ision of Corp			
SUBJECT:	DTS Proper	y LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Debbie J Strickland		
			Name of Person	
		DTS Property LLC		
			Firm/Company	
		552 Woodgrove Street		
			Address	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		Ormond Beach Fl 32174		
			City/State and Zip Code	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Debbie J Strickland Name of Person DTS Property LLC Firm/Company 552 Woodgrove Street Address Ormond Beach FI 32174 City/State and Zip Code stricj@bellsouth.net E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	all:	
John Strickl			at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Filing Fee			□ \$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



December 8, 2015

DEBBIE J STRICKLAND 552 WOODGROVE STREET ORMOND BEACH, FL 32174 US

SUBJECT: DTS PROPERTY LLC Ref. Number: L13000153685

We have received your document for DTS PROPERTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00025720

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DTS Property LLC		
(Name of the Lim	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited I	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
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 Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	15 DEC 21 P
B. If amending the registered agent and registered agent and/or the new registered of		cords, enter the name of the n
Name of New Registered Agent:	Debbie J Strickland	
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida

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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Debbie J Strickland	_	□ Add
			□ Remove
			■ Change
AMBR	John T Strickland IV		Add
			□ Remove
AMBR	John T Strickland III		
			Remove
			Change
.			
			☐ Remove
			□ Change
			一种
			Remove.
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ective date, if other than the effective date is listed, the date mate: If the date inserted in this be	ust be specific and block does not n	l cannot be pri- neet the appl	icable statu		than 90 days a:			
sument's effective date on the I	Department of S	State's record	ls.					
record specifies a delaye he 90th day after the re			ot an effo	ective tim	e, at 12:0:	a.m. on	the ea	arlier
ed December 3		2015						
1.1.2	17	Was	\mathcal{A}					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00