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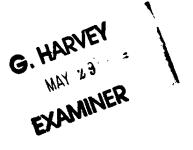
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Divis	sion of Corpo	orations		
SUBJECT:	DYC CAPITA	AL 16 LLC		
Name of Limited Liability Company				
The enclosed	Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		GRATSIANI, GIDEON M	IG	
			Name of Person	
DYC CAPITAL 16 LLC				
		P O BOX 820		
			Address	
		HALLANDALE, FL 3300	08	
			City/State and Zip Code	
		DA@FST26.COM		
		E-mail address: (to be used for future annual report notification	n)
For further int	formation con	cerning this matter, please ca	all:	29 20 E
DANIEL AR	KUSH		954 393-1151 at ()	phone Number 55 22
	Name of P	erson		phone Number
Enclosed is a	check for the	following amount:		SFERNING STATE
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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 CAPITAL 16 LLC							
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on o Liability Company)	ur records.)		-		
The Articles of Organization for this Limited L Florida document number L13000174088	iability Company	were filed on 12/18/20	013	and a	assigned		
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liab	ility company here:					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company." the designa	tion "LLC" or the	abbreviation '	"L.L.C."		
Enter new principal offices address, if applicable:		975 NORTH MIAMI BEACH BLVD #234					
(Principal office address MUST BE A STREE	ET ADDRESS)	NORTH MIAMI BEA	ACH , FL 33162				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX)		P O BOX 820 HALLANDALE , FL 33008				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address her			20 En 20 20 20	200		
New Registered Office Address:	313 NORTH IV	Enter Florida str		<u> </u>	\ <u>\</u>		
	NORTH MIAN	и веасн	, Florida _	1 1	M [77]		
		City	, r lui lua _	Zip Cod	ie		

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.

New Registered Agent's Signature, if changing Registered Agent:

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Act	<u>ion</u>
			Add	
		.	Remove	
			Change	
			Add	
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fective date, if other than the dan effective date is listed, the date must be tet: If the date inserted in this block cument's effective date on the Department.	k does not meet the applicabl	date of filing or more than le statutory filing require	(optional) 00 days after filing.) Pursements, this date will	uant to 605.020 not be listed a
record specifies a delayed e The 90th day after the recor	effective date, but not a d is filed.	an effective time, a	t 12:01 a.m. on t	
MAY 19	2015		የታ / 	2 8
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Page 3 of 3

Filing Fee: \$25.00