L14000143843

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | | | | | |
|-------------|--|--|--|---|--|--|--|--|
| CHD ICC | | ess International Limited Liabi | lity Company | | | | | |
| SUBJEC' | 1: | Name of Limited Liability Company | | | | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please reti | urn all correspo | ondence concerning this matter | to the following: | | | | | |
| | | Todd Darling | | | | | | |
| | | , | Name of Person | | | | | |
| | | Direct Access Internationa | LLC | | | | | |
| | | | Firm/Company | | | | | |
| | | 5917 NW 63rd Way | | | | | | |
| | | Address | | | | | | |
| | | Parkland, Florida 33067 | | | | | | |
| | | City/State and Zip Code | | | | | | |
| | | toddfdarling@gmail.com | | | | | | |
| | | | to be used for future annual rep | ort notification) | | | | |
| For further | r information c | oncerning this matter, please c | all: | | | | | |
| Todd Darl | ling | | 954 89940 at () | 14 0 | | | | |
| | Name o | f Person | | Daytime Telephone Number | | | | |
| Enclosed i | is a check for th | ne following amount: | | | | | | |
| \$25.00 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | <u> 1ailing Addres</u> Legistration S | | Street Addr Registrati | ress: on Section | | | | |
| | Division of C | | - | of Corporations | | | | |
| | O. Box 632 | | | e of Tallahassee | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 - 12 AMB 44

Direct Access International LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | vere filed on 9/15/2014 | and assigned |
|---|---|--|
| Florida document number 1.14000143843 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address if applicables | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Muning university of the BOX) | | . |
| | | |
| B. If amending the registered agent and/or registered office account and/or the new registered office address because | idress on our records, <u>enter the na</u> | ame of the new registered |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | _ |
| New Registered Office Address. | Enter Florida street address | |
| | , Florida | Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | performance of my duties, and I are covided for in Chapter 605, F.S. C | n familiar with and Pr. if this document is |

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 |
|--------------|------------------|-----------------|----------------|
| AMBR | Brian Schatzberg | 140 Leoni Drive | □ Add |
| | | Islamorada | ■Remove |
| | | Florida 33036 | □Change |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
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| | _ | | Change |
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| | | ***** | □Remove |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| fan eff <u>Note:</u> | ive date, if other than the date of filing: January 1, 2020 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records. |
| recor I is fil | d 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 led. |
| ated | 04/08/2020 Iddululululululululululululululululululu |
| | , |
| | Todd Darling |