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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	cr. Dcc	- SINCLI	AIR LLC	
SUBJE.	CI:	Name of Limit	91R LLC ted Liability Company	
The enc	losed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please r	eturn all corresponde	nce concerning this matter t	o the following:	
		DAVE	SiNCLAIR Name of Person	-
		·1) cc 5	SINCLAIR, L Firm/Company	LC
		11451	NW 23 5	TREET
		PLANTI	Address A 110 N -L City/State and Zip Code A 110 O Code O	33323
			City/State and Zip Code	
	-	56 dave Si	dair @ gmail. be used for future and ual report notif	C-0/n
For furt	her information conce	erning this matter, please ca		
	DAVE S	SINCLAIR	at (954) 448	1248 Telephone Number
				toophone tourise.
Enclose	d is a check for the fo	ollowing amount:		
\$25	.00 Filing Fee C	330.00 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)
V	. Registration / Division of P.O. Box 6	Corporations	STREET/COURING Registration Section Division of Corpora Clifton Burding	1

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DCC SINCL	LAIR, LLC
(<u>Name of the Limited Liabili</u> (A Florid:	ty Company as it dow appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 1 + 000 19 a	Company were filed on $\frac{12/15/2014}{202}$ and assigned $\frac{22}{202}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Line	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	2817
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	TAILE E ITA ING SPEEL MAN COS
	, 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.

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
<u>AMB</u> R	DAVE C	SINCLAIR	11451 NW 23 ST	
			PLANTATION, FL 33323	☐ Remove
			-t	Change
AMBR	CARDIA D	SINCHAIA	1 11451 NW 23 ST	DP Add
			PLANTATION, FL 3332	3_ Remove
				Change
				Add
				☐ Remove
				Change
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<u>Note:</u> docum	ve date, if other than the date of filing:	ed as
	90th day after the record is filed.	
Dated	10/25/17 (OCTOBER 25, 2017) xland	
	Signature of a member or authorized representative of a member	7
	DAVE C SINCLAIR Typed or printed name of signee	ر 4 :: 5
	Typed or printed name of signee	,
	· • • • • • • • • • • • • • • • • • • •	•
	Page 3 of 3	•

Filing Fee: \$25.00