## L15000032977

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(Ac	ddress)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

Amund 10 3/23/15

## **COVER LETTER**

CR2E062 (2/14)

TO:	Registration Division of	Section Corporations				
SUBJ	ECT: .		Darkside Er Name of L		LC illity Company	
Dear S	ir or Madam:					
The en	closed Stateme	ent of Correction and fee(s	) are submitt	ed for filing	Ţ,	
Please	return all corre	espondence concerning this	s matter to th	ne following	;	
Steve Oc	lem, EA, PoA	Name of Person			-	
		Name of Person				
Kathleen	Accounting & Tr	x Service, LLC Firm/Company			-	
3703 Pu	blix Road					
	:	Address			-	
Lakelan	d, FL 33810					
<del></del>		City/State and Zip Code	·. · ·	· ' ·		j
F	E-mail address:	(to be used for future ann	ual report no	tification)	-	
For fu	rther informati	on concerning this matter,	please call:			
Steve O	dem, EA, PoA		at (	863	858-1003	
	Na	me of Person		Area Code	Daytime Telephone Number	_
Regist Division Cliftor 2661 E	ET/COURIE ration Section on of Corporat a Building Executive Cent assee, Florida	er Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclos	sed is a check	for the following amount	:			
\$25	Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Fi ····Certifi	ling Fee & ed Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Darkside Enterprise, llc

(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 were filed on 2/23/15 and assigned Florida document number L15000032977.

This amendment is submitted to amend the following:

	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.
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	<u></u>
If am anding the registered egent and/ar reg	istance office address on our records, onton the name of the new
	istered office address on our records, <u>enter the name of the new</u> <u>address here</u> :
egistered agent and/or the new registered office  Name of New Registered Agent:	
egistered agent and/or the new registered office	
egistered agent and/or the new registered office  Name of New Registered Agent:	address here:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

Title	Name	Address	Type of Action
MGR	Daniel Milborn	23110 STATE RD 54 #181	
		LUTZ, FL 33549	Ø]Add
			Remove
			Remove
		****	□ Remove
			Add
			☐ Remove
			Add
			Remove
			<u>.</u>

1 411	nending any other information, enter change(s) here: (Attach adaitional sheets, if necessary.)
•	- · · · · · · · · · · · · · · · · · · ·
(The et	ctive date, if other than the date of filing:
Date	d March 2, 2015
	16
	Signature of a member or authorized representative of a member
	Steve Odem, EA, PoA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00