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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| eu pu | CT. | D&E Mana | gement and Preservation | on LLC | | | |
| SUBJECT: Name of L | | | | ited Liability Company | | | |
| The en | closed Articles | of Amendi | ment and fee(s) are sub | mitted for filing. | | | |
| Please | return all corre | spondence | concerning this matter | to the following: | | | |
| | | | Dawn Dorado | | | | |
| | | | | Name of Person | | | - |
| | | | D&E M | anagement and Preservat | ion LLC | | |
| Firm/Company | | | | | . 2 | | |
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| Jorado2210@gmail.com | | | | 型の三 | | | |
| | | | E-mail address; (| to be used for future annual | report notification) |) | 25 8 |
| For fur | ther informatio | n concernii | ig this matter, please e | all: | | | |
| | Dawn Do | rado | | 813 at () | 520-0601 | | |
| | Nan | ne of Person | | Area Code | Daytime Teleph | ione Number | r |
| Enclose | ed is a check fo | or the follow | ving amount: | | | | |
| \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status | | □ \$55.00 Filing Fee Certified Copy (additional copy is en | | Certifica Certified | X) Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed) | | |
| | Mailing Add Registratio | | | <u>Street A</u> Registr | ddress: | | |
| | Division of | | | | on of Corporati | ons | |
| | P.O. Box 6 | 5327 | | | ntre of Tallaha | | |
| Tallahassee, FL 32314 | | | 2415 N | . Monroe Stree | et, Suite 8 | 10 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D& E Mana | nement & Pri | Ber Vation, LL |
|---|--|-----------------------------|
| (A Florida Limited | ary as it now appears on our records.) Liability Company) | , |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000039658</u> | were filed on03/04/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | r the abbreviation J. L.C." |
| Enter new principal offices address, if applicable: | | TAY OF THE |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | 259 E 17 |
| Enter new mailing address, if applicable: | | 57 (c) |
| (Mailing address MAY BE A POST OFFICE BOX) | | m |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | e name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | Flori | da Zip Code |

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 amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|-----------------------|-----------------|
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| is filed | OCTOBER 02. | | 2022 | _· | | | |
| record s I is filed rated | | Signature o | 2022 | lonzed representati | tive of a member | | _ |

Filing Fee: \$25.00