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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

	ision of Corp			
SUBJECT:		ERPRISES LLC		
SUBJECT;		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		DAVID COZZETTE		
			Name of Person	
COZZETTE ACCOUNTING CO LLC				
Firm/Company				
7365 MERCHANT COURT SUITE 6				
		· · · · · · · · · · · · · · · · · · ·	Address	
		SARASOTA, FL 34240		
			City/State and Zip Code	
		DAVE@COZZETTEACCO	OUNTING.COM o be used for future annual report notific	ation
For further in	nformation co	ncerning this matter, please ca	·	anon
DAVID CO.	ZZETTE		941 755-9700 at ()	
	Name of	Person	Area Code Daytime T	Felephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 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)

MAILING ADDRESS: 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

DALU ENTERPRISES LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	· · · · ·
The Articles of Organization for this Limited I	Liability Company	were filed on 04/02/2015	and assigned
Florida document number L15000058906	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
DALU ENTERPRISE LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address here	fice address on our records, <u>ents</u>	er the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:			S. 50 25
		Enter Florida street address	Da P
	-	, Florida _	C N Imma
		City	Zi Zip Code

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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
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		M. M. M. C.	
			Remove
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ctive date, if other than the offective date is listed, the date must	be specific and cannot be prior to	date of filing or more than	TODINOHARD 🗀	
$oldsymbol{arphi}$ If the date inserted in this blo	ock does not meet the applicat	ole statutory filing require	ements, this date will no	ot be listed
ment's effective date on the De	partment of State's records.			
ecord specifies a delayed	effective date, but not	an effective time, a	t 12:01 a.m. on th	e earlie
e 90th day after the reco	ora is niea.			
AUGUST 24	2015			
d AUGUST 24		_•		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00