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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration of	on Section Corporations
785 BI SUBJECT:	DKL HOLDING, LLC
SOBJECT.	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corn	respondence concerning this matter to the following:
	VERONICA SCHNEIDER
	Name of Person
	785 BDKL HOLDING, LLC
	Firm/Company
	12900 SW 128TH STREET, SUITE 105
	Address
	MIAMI, FL 33186
	City/State and Zip Code
	DAMASYOEL@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further informati	ion concerning this matter, please call:
VERONICA SCHN	SEIDER 305 519-2046
Na	at () une of Person
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

785 BDKL HOLDING, LLC			
(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	25
The Articles of Organization for this Limited Li		9/2015	and assigned of the control of the c
Florida document number L15000154430	·		08 JUNE 05 JUN
This amendment is submitted to amend the following	wing:	-	∞ ∞
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, <u>ente</u>	the name of the new
Name of New Registered Agent:	VERONICA SCHNEIDER		
New Registered Office Address:	8541 CRESPI 1	3CVP,	
			32/4/
	MIAMI BEACH City	, r iorida	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 Changing Registered Agent, Signature of New Registered Agent

1 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ENRIQUE PIWKO	12900 SW 128TH STREET,#105	
		MIAMI, FL 33186	≡ Remove
			☐ Change
MGR	VERONICA SCHNEIDER	12900 SW 128TH STREET, #105	Add
		MIAMI, FL 33186	□ Remove
			□ Change
			Add
		and the second s	Remove
			Change
	-		Add
			☐ Remove
			Change
			Add
			☐ Remove
			Ghange
			Change

Effective date, if other than the date of filing:	ock does not meet the applicable	ate of filing or more than 90 days statutory filing requirements	after filing.) Pursuant (, this date will not b	to 605.0207 e listed as
	date of filing:	10010)DUOHAI)	
		1/2016	andianul)	
				
				
				

Filing Fee: \$25.00