L15000210231

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COVER LETTER

	of Corpo				·
GRI SUBJECT:	EEN SINC	SLEIT LLC			
30bJEC1		Name of Limi	ted Liability Company		
The enclosed Art	icles of Aı	mendment and fee(s) are subr	nitted for filing.		
Please return all o	correspond	lence concerning this matter t	to the following:		
		BRYAN TRUAX			
			Name of Person		
			Firm/Company		-
		117 NW 41ST WAY, SUIT	TE 102		_
			Address		-
		DEERFIELD BEACH, FL	33442		_
			City/State and Zip Code		
		KATIECONNERS@YAHO			
		E-mail address: (to	o be used for future annual re	eport notification)	
For further inform	nation con	cerning this matter, please ca	11:		
BRYAN TRUAX	ζ.		954 732- at ()	-2716	
	Name of P	erson	Area Code	Daytime Telephone Number	
Enclosed is a che-	ck for the	following amount:			
■ \$25.00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica osed) Certified	te of Status &

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

GREEN SINGLEIT LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
Γhe Articles of Organization for this Limited Liabilit	· · · ·	and assigned
Florida document number L15000210231	 •	
This amendment is submitted to amend the following	y;	
A. If amending name, enter the new name of the	limited liability company here:	
DBC DESIGN ENTERPRISES LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		_
B. If amending the registered agent and/or re	egistered office address on our records,	enter the name of the ne
registered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
Tom Registered Giller Hamess.	Enter Florida street address	
	. Flor	ida
_	City	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

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 = Ma	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			Remove

		Change
 		🗆 Add
		Change
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ective date, if other than the date	of filing:		(optional)	
effective date is listed, the date must be sp e: If the date inserted in this block do ument's effective date on the Departn	ecific and cannot be prior to d ses not meet the applicable	ate of filing or more than 90	days after filin	g.) Pursuant to 605.	.020 eda
record specifies a delayed effence 90th day after the record is		n effective time, at	12:01 a.m.	on the earlie	er (
ed	216		1 1, 1 . P1	201	
Law Tayon	ture of a member or authorize			2016 MAN 3- F	
			100	•	

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Filing Fee: \$25.00