L16000002857

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

Division of Corpo			¥ +
DFW FAMIL	Y HOLDINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MARK WARZECHA	•	
	WIDERMAN MALEK, PL	Name of Person	
,	1990 W. NEW HAVEN	Firm/Company AVE., SUITE 201	
	MELBOURNE, FL 3290	Address 04	
	REGISTEREDAGENT@US		
	E-mail address: (to be used for future annual report notifi	cation)
For further information cor MARK WARZECHA	ncerning this matter, please ca	all: 321 255-2332	
Name of I		at ()	
Name of I	erson	Area Code Daytime	Telephone Number
Enclosed is a check 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)	□ \$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

DocuSign Envelope ID: 03DC8FEA-5B02-410C-882D-0E345FDBE71B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DFW FAMILY HOLDINGS, LI						
(Name of the Lim	nited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)				
The Articles of Organization for this Limited I Florida document number L16000002857	Liability Company were filed on	01/05/2016	_ and assigned			
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liability compan	y here:				
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbre				
Enter new principal offices address, if appli	icable:		<u> </u>			
(Principal office address MUST BE A STRE	8					
			BENEFIT I			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>					
•			·			
B. If amending the registered agent and	Var registered office address	on our records onton th	a mama af tha man			
registered agent and/or the new registered of	office address here:	on our records, enter th	e name of the nev			
Name of New Registered Agent:	WIDERMAN MALEK, PL	····	··· ·			
New Registered Office Address:	1990 W. NEW HAVEN AVE., SUITE 201					
	Enter	Florida street address				
	MELBOURNE	, Florida	<u> </u>			
	City		Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance istered agent as provided for i registered office address, I he	of my duties, and I am fam n Chapter 605, F.S. Or, if t	iliar with and his document is			

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 03DC8FEA-5B02-410C-882D-0E345FDBE71B
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	anager Ithorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			□ Add
		 	□ Remove
			Change NOV 28 APPENDIX AND CHANGE
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if an efi <u>Note:</u>	fective date is list If the date inse	ther than the da ted, the date must be erted in this block date on the Depa	specific and ca does not mee	annot be prior to et the applica	to date of filing			g.) Pursuant to 605.	
		es a delayed ef fter the record		te, but not	: an effectiv	ve time, at	12:01 a.m.	on the earlie	er of
he red	e 90th day at								
he red The	90th day at October 21			2016					
he red	90th day at October 21	1	·,	2016	_·				
he red The	90th day at	1		2016	_ ·				

Page 3 of 3

Filing Fee: \$25.00