

L16000003274

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2019 APR - 2 A 11: 52

FILED

APR 12 2019
T. LEMIEUX

NORRIS & NORRIS, P.A.

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1924 - 2016

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† Certified Circuit Mediator

March 18, 2019

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment to Articles of Organization of Cochran Forest Products, LLC

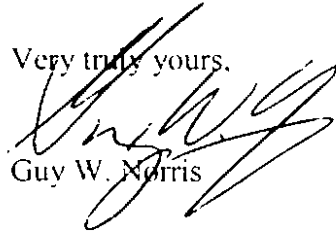
Dear Sir/Madam:

Enclosed for filing are the original and one copy of the Articles of Amendment to Articles of Organization of Cochran Forest Products, LLC, changing the name of the LLC to DKCG, LLC, changing the address of the LLC. Also enclosed is our firm's check no. 10450 in the amount of \$55.00, in payment of the filing fee of the Articles of Amendment to Articles of Organization and a certified copy of same. Please return the certified copy to the undersigned in the self addressed stamped envelope provided.

Thank you for your assistance.

With best regards, I am

Very truly yours,


Guy W. Norris

GWN/jm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

COCHRAN FOREST PRODUCTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlton A. Jones

Name of Person

DKCG, LLC

Firm/Company

1185 NW Scenic Lake Drive

Address

Lake City, Florida 32055

City/State and Zip Code

Gcjones5@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlton A. Jones

386

623-0064

at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

COCHRAN FOREST PRODUCTS, LLC

2015 APR -2 A 11:52

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 23, 2015 and assigned
Florida document number L16000003274.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DKCG, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1185 NW Scenic Lake Drive

Lake City, FL 32055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1185 NW Scenic Lake Drive

Lake City, FL 32055

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Carlton A. Jones

New Registered Office Address:

1185 NW Scenic Lake Drive

Enter Florida street address

Lake City

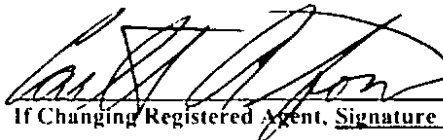
City

Florida 32055

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

J. Cochran
Signature of a

J.R. COCHRAN, PRESIDENT/MEMBER

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Filing Fee: \$25.00