## 1160000022047

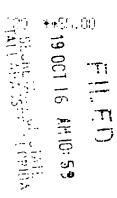
(Requ	uestor's Name)	<del></del>
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(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHDIC		MILY MANUFACTURING, L	LC	
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		CHRISTOPHER COLLIN	d'S	
			Name of Person	
		D & C FAMILY MANUF	ACTURING, LLC	
			Firm/Company	<del></del>
		7033 N.W. 63RD WAY		
			Address	<del></del>
		PARKLAND. FL 33067		
			City/State and Zip Code	
		CHRIS. COLLINS	s@coulsse.us	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	ther information co	oncerning this matter, please of	all:	
CHRIS	STOPHER COLLI	INS	ar (954 ) 295 ~	4903
	Name o	f Person	at (954) Z95 ~ Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:	,	
\$25	5.00 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

D & C FAMILY MANUFACTURING, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{C}{C}$ Florida document number $\frac{L16000022047}{C}$ .	2/01/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company l	here:
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)	TP - C
	11: 9 5 0
	표 의 제
Enter new mailing address, if applicable:	6 5
(Mailing address MAY BE A POST OFFICE BOX)	(2 <u>m</u> 17)
Maning address MIT BE NI 1001 01 ITEE BONY	
	<u> </u>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fi	lorida street address
	. Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	BUXBAUM, KIM	12683 N. WINNERS CIRCLE	
		DAVIE, FL 33330	Add
			Remove
			Change
AMBR	BUXBAUM, DANIEL	12683 N. WINNERS CIRCLE	
		DAVIE, FL 33330	
			Remove
			Change
<del></del>			
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
ote: If the date inserted in this block does not meet the applicable statutory	
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ated Ocropics 9 <sup>TH</sup> 2019	
14/01	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00