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K.SALY EXAMINER FEB 29

COVER LETTER

Division of Corp	porations	
	erprises, LLC	
	Name of Limited Liability Compa	any
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspor	ndence concerning this matter to the following:	
	Donal Morin	
	Name of Pers	Son
	DDKB Enterprises, LLC	
	Firm/Compa	ny
	10005 Cherry Hills Ave Circle	
	Address	
	Bradenton, FL 34202	
	City/State and Zip	p Code
	dmorin@inlandinc.com	
	E-mail address: (to be used for future	annual report notification)
For further information co	oncerning this matter, please call:	
Donald Morin	413 at (652-1422
Name of	Person Area Coo	de Daytime Telephone Number
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certified Contact (additional contact)	

MAILING ADDRESS:

TO:

Registration Section

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



DDKB Enterprises, LLC

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

		~ 1990,
The Articles of Organization for this Limited Liability Com	npany were filed on 2/10/2016	and assigned
Florida document number <u>500282013615</u> ************************************	508	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	s here:	
	Enter Florida street address	
	, Flo	rida Zip Code
Now Desirtand Asserts Clauston 15 days to D. 14 and A.	•	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and It as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Bruce K. Shepard	103 Pendren Place, Cary, NC 27513	∃ Add
			□ Remove
			Change
			□ Remove
			Change
			Add FERemove 25 Change FLU
			Fig. 2:
			Remove
			Change
		□ Remove	
			Change
			□ Add
			Remove
			Change

an effective date is listed, the date must Note: If the date inserted in this blocklocument's effective date on the Department of the properties of the prop	ck does not meet the partment of State's re	applicable statutory ecords.	r filing requirements, th	his date will not be	e listed as t
ffective date, if other than the c	late of filing:		(op	tional)	
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Page 3 of 3

Filing Fee: \$25.00