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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

MAY 10 2016 S. YOU?&G

COVER LETTER

TO: Registration So Division of Cor				
DVCSales SUBJECT:				
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Mark Webb			
		Name of Person		配
	DVC Sales			767-
		Firm/Company	6	SHOW!
	1219 Belleaire Cir		16 MAY -9 PH 4: 30	
		Address		in In
	Orlando, FL 32804), J.
		City/State and Zip Code		
	markwebb3@yahoo.com E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please co	•	··,	
Mark Webb		844 205-1435 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

DVC SALES		
(Name of the Limited	Liability Company as it now appears on our records, A Florida Limited Liability Company))
The Articles of Organization for this Limited Lial	bility Company were filed on 04/02/2016	and assigned
Florida document number L16000033708		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	=10
DVC Sales, LLC		16 ALL
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation L.L.C.
Enter new principal offices address, if applical	ble:	9 STORE
(Principal office address MUST BE A STREET	ADDRESS)	7
		# CE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	·	
B. If amending the registered agent and/or registered agent and/or the new registered offi		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Wigglesworth	1342 Colonial Blvd Suite H62 Fort	■ Add
			□ Remove
			☐ Change
			GAdd FE
			□ Remove
			☐ Change
			e con la con la contraction de la contraction d
			☐ Remove
		****	Change
	· · · · · · · · · · · · · · · · · · ·		
			Remove
			☐ Change
			
			☐ Remove
			Change
			☐ Remove
			☐ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	H7,
_	I would like to do two things!
-	1st Add a broke as a manage.
-	2" Correct to LCC Nome adding a space between DVC and Salass
_	a spare between DVC and Sales A
<u></u>	DUC SALES
-	That,
-	
-	
(If an eff	ive date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 4th , 2016 Mark b. Well
	Signature of a member or authorized representative of a member
	Mark Webb
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00