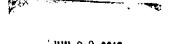
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone#)
PICK-UP	WAIT	MAIL.
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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'JUN 0 9 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co					
DS BORI	NG LLC				
	Name of Lim	ited Liability Company			
_	f Amendment and fee(s) are sub condence concerning this matter				
	DENISE D SPIVEY				
		Name of Person			
	DS BORING LLC			16	TAT SE
		Firm/Company		ی	LAE EAR
	14315 WADSWORTH DI	RIVE		16 JUN -7	TARY
	 -	Address			
	ODESSA, FL 33556			$\dot{\omega}$	VO.
		City/State and Zip Code		29	ÇM X
	JDMJSPIVEY@AOL.COM	•			
		to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
DENISE D SPIVEY		813 731-6763 at ()			
Name	of Person		e 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 Sta Certified Copy (additional copy is er	itus &	

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

DS BORING LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000045963	Company were filed on 03/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	1 53-
		<u> </u>
		를 다듬다
Enter new mailing address, if applicable:		25 COM
(Mailing address MAY BE A POST OFFICE BOX)		29 j. j.
insuming war ess mari BETT OUT OF THE BOTT		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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
AMBR	JIM V SPIVEY	14315 WADSWORTH DRIVE	= Add
•		ODESSA, FL 33556	□ Remove
•			☐ Change
			Add
			□ Remove
	•		☐ Change
			16 ALLAH
			ASSET Remove SET
			SEURETARY OF STATE TALLAHASSEE, FLOCIDA 16 dun - Honge Change Add
			Add
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			Remove
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ative date if athough an the date of filing.	(antional)
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this date will not be listed
amon softeen date on the population of state s records.	
record specifies a delayed effective date, but not an effecti	ive time at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	ive time, at 12.01 a.m. on the earner
JUNE 1 , 2016	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00