1160000533100

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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NAME 25 P 2: 0

King Sally C.

COVER LETTER

TO:	Registration Se Division of Cor				
CTIRI	Accel DNA	LLC			
SODJ	JECI:	Name of Lim	ited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		Adrian McKenzie			
		· ···	Name of Person	 	
		Accel DNA LLC			
			Firm/Company		
		300 E Oakland Park Blvd	#404		
			Address		
		Wilton Manors FL 33344	•		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifica	tion)	
For fu	urther information c	oncerning this matter, please ca	all:		
Adria	ın McKenzie		561 654 5722 at ()	2016 7 SEC	
		f Person		HAR 25	
		ne following amount:		T9 7	
** \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

Accel DNA LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000053366	Company were filed on 3/15/206	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		
Name of New Registered Agent:		20 TAI
New Registered Office Address:	Enter Florida street address	MAR 25 TANKY O
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	2: 0 TATE
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of my duties, and l agent as provided for in Chapter 605, F.S ered office address, I hereby confirm that t	er ägree to comply with the I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Janon Costley	215 I Street NE #108	= Add
		Wahington DC 20002	☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			TALLAHASSEE.FL
			PRemove
			□ Change
			□ Add
			□ Remove
			☐ Change

	
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	75 20 20 E
	ACCEPTANCE OF THE PERSON OF TH
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	2. o
) 0
Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing r	requirements, this date will not be listed a
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time	ne, at 12:01 a.m. on the earlier
) The 90th day after the record is filed.	,
2/22/2016	
Dated 5/2420160.	
of ON a View 1 mil	

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Filing Fee: \$25.00