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COVER LETTER

	egistration Se ivision of Cor			
CIB IECT		NTERPRISES CRITTER CAF	E LLC	
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		STEPHANIE PADLY, ES	Q.	
		•	Name of Person	_
		PADLY & ASSOCIATES	, PA	
			Firm/Company	
		1300 3RD ST. SOUTH, ST	JITE 302A	
			Address	
		NAPLES, FL 34102		
		-	City/State and Zip Code	
		SPADLY@239LAWYER.	COM to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please co		nounon,
	HE PADLY, E	f Person	239 963-6043 at ()	e Telephone Number
	Name o	reison	Area Code Dayum	e reteptione Number
Enclosed is	a check for th	ne 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 Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAPCO ENTERPRISES CRITTER C.	AFE LLC		
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on Florida Limited Liability Company)	our records,	
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{04/147}{1}$	2016	and assigned
Florida document number L16000074422	•		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	e:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET A	ADDRESS)	ı	in in
		A A	
Enter new mailing address, if applicable:	••••	* ************************************	S
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	·		
B. If amending the registered agent and/or registered agent and/or the new registered office		or records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
	Liner riorna.	·	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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	MICHAEL M NEAL	1160 COURT OF PALMS #405	
		FORT MYERS, FL 33908	Remove
			□ Change
AMBR	MICHAEL M NEAL	11600 COURT OF PALMS #405	■ Add
		FORT MYERS, FL 33908	Remove
		····	□ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change Add
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	Pag	ر کیا۔ و 2 of 3	DIM 4

n amenung any omer miorinano	n, enter change(s) here: (Attach addit	tonat sneets, if necessary,	
			
			
			
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	e specific and cannot be prior to date of filing or k does not meet the applicable statutory fil		
ne record specifies a delayed The 90th day after the recor	effective date, but not an effective d is filed.	e time, at 12:01 a.m. or	the earlier of:
Dated MAY 19	2016		. 26
	Whal m	Seal	28.00
	gnature of a member or authorized represental	ive of a member	2b FT
MICHAEL M. NEAL		10	90
THOUSE W. NONE	Typed or printed name of signee		\$141E

Page 3 of 3

Filing Fee: \$25.00