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PICK-UP WAIT MAIL
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COVER LETTER

ГО:		istration Sec sion of Corp			\	
	OT.	DC Society,	, LLC	.~ •		
SUBJE	.C1:		Name of Limited Liability Company			
The end	closed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	return	all correspon	ndence concerning this matter	to the following:		
			Chelsey Flack			
				Name of Person		
			DC Society, LLC			
				Firm/Company		
			8360 144th Lane North			
				Address		
			Seminole, Florida 33776			
				City/State and Zip Code		
			smadienterprise@gmail.con		Title Torrelline	
				o be used for future annual	report nouncation)	
For furt	ther in	formation co	oncerning this matter, please ca	ali:		
Chelse	y Flac	k		407 20 at ()	2-1832	
		Name of	Person	Area Code	Daytime Teleph	one Number
Enclose	ed is a	check for th	e following amount:			
□ \$25	5.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC Society, LLC

(Name of the Lim	nited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L16000112980			_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
No change to name			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "I 1 C"
Enter new principal offices address, if applic		8360 144th Lane North	anon E.E.C.
(Principal office address MUST BE A STREE		Seminole, Florida 33776	
Inter new mailing address, if applicable:		8360 144th Lane North	
Mailing address MAY BE A POST OFFICE	BOX)	Seminole, Florida 33776	
If amending the registered agent and/or rent and/or the new registered office address	egistered office a ss here: Chelsey Flack	ddress on our records, <u>enter the name of</u>	the new registered
New Registered Office Address:	8360 144th Lan	e North	
	Seminole	Enter Florida street address , Florida 33776	1021 FE
Registered Agent's Signature, if changing R	egistered Agent:		Code Co
reby accept the appointment as registered isions of all statutes relative to the proper pt the obligations of my position as registy filed to merely reflect a change in the repair wany has been notified in writing of this contact.	r ana complete p tered agent as pi egistered office a	performance of my duties, and I am famili	ar with and

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>	Name	Address	Type of Action
MGR	Debra Dennis	8360 144th Lane North	□ Add
		Seminole, Florida 33776	≅Remove
			☐ Change
MGR	Yanal Smadi	8360 144th Lane North	≣Add
		Seminole, Florida 33776	□Remove
			□Add
		<u></u>	
			□Add
			□ Remove
			☐ Change
			□Add
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			□Change
			□Add
			□Remove
			☐ Change ☐ ☐ Haller

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		January 25, 2021		
Sective date, if other tha an effective date is listed, the d	in the date of filing: ate must be specific and of		of filing or more than 90 days after	
ote: If the date inserted in ocument's effective date on			tutory filing requirements, this	date will not be listed a
	•			
	ffective date, but not a	in effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after th
is filed.				
January 25		2021		
A	,	· /		
Lichen	Lera	u /	presentative of a member	
	Signature of a m	ember or authorized re	presonative of Chemoer	

Filing Fee: \$25.00