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COVER LETTER

TO ₄ . Registration Section Division of Corporations
SUBJECT: Dale Sustick LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dale Sustick
Dale Suslick LLC
9298 Kincait ct.
Sanibel FC 33957
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dale Suslick 1608, 575-551/8 7
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (addition

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

$\bigcirc \qquad \bigcirc \qquad$	F	
Dale Sustic	K LLC	
(Name of the Limited Liability Compar (A Florida Limited L		· · ·
	7 (1/	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7-6-16}{}$	and assigned
Florida document number <u>L16 000 13 15 3 7</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Dale Suslick L	LC.	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	39Mp	
Enter new mailing address, if applicable:		と 国 と 可
(Mailing address MAY BE A POST OFFICE BOX)	Jana	2 1
Training address MATT BEAT TOST OF THE BON		
B. If amending the registered agent and/or registered off	fice address on our records, <u>enter</u> t	he name of the new
registered agent and/or the new registered office address here	:	F. (2)
Name of New Registered Agent:		
New Registered Office Address:	Samo	
THE CONTRACTOR OF THE PARTY AND THE PARTY AN	Enter Florida street address	-
	, Florida	
	City	Zin 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffectiv	ve date, if other than the date of filing:	(optional)	0005
lote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirem	ents, this date will not be listed	d as
ocume	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 1 90th day after the record is filed.	12:01 a.m. on the earlie	r o
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ated _	7/2/ 1 20/60		
	() all day !		
	Signature of a member or authorized representative of a member	er	
	(1)Ale Suclinte		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00