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(Red	questor's Name)	
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Office Use Only

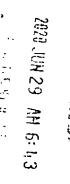


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COVER LETTER

TO: Registration Se Division of Cor		• .		
Hay Direct	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shawn Souter			
		Name of Person		
	Hay Direct	, UC Firm/Company		
	P.O DOX 500	64/ Address		
	MALABAR Soutershalva E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code	Co~	ication)
For further information c	oncerning this matter, please ca	all:		
Shawn Souter		at (32()	626 -	3814
Name o	f Person	Area Code	Daytime	Z8/ / Telephone Number
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street A	address: ration Sec	tion
Registration Section Division of Corporations			on of Corp	
P.O. Box 632				allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hay Direct, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/15/2016 Florida document number L16000133685 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DSSCUSTOM, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
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			□Change

Page 2 of 3

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he 9	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90 th day after the record is filed.	ro
ed _	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	