# LK-000/45528

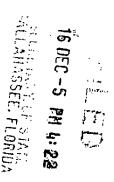
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### **COVER LETTER**

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oun <b>tr</b> e		CAPITAL HOLDINGS LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	um all correspo	endence concerning this matter	to the following:	
		LISANDRA ESTEVEZ		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		DAVID DI PIETRO & AS	SSOCIATES, P.A.	
			Firm/Company	
		101 NE 3RD AVE, SUITE	3 1410	
			Address	
		FORT LAUDERDALE, F	L 33301	
			City/State and Zip Code	
		LISANDRA@DDPALAW		<u> </u>
	(	E-mail address: (	to be used for future amnual report notifi	cation)
For further	information c	oncerning this matter, please c	all:	
LISANDE	la estevez		954 712-3070 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for ti	he 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, 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

DURALL CAPITAL HOLDINGS LLC		<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v  Florida document number L16000145528	were filed on 08/03/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
DL INVESTMENT HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 302 Surrise, FL 33351	
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	same as above	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		DEC -5
N. D. Maria (000) Addition		
New Registered Office Address:	Enter Florida street address	S IN IS
	, Florida	Zip Code
	Cuin	zy cour

#### 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 Now 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 Title Name <u>Address</u> Type of Action ☐ Remove ☐ Change \_□ Remove \_□ Change DbA 🖳 □ Remove □ Change \_ Add .~ □ Remove SECTION STATE □ Remove

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Filing Fee: \$25.00