40000190805

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| , |
| <u></u> |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



800290932368

10/25/16--01033--002 **25.00

OCT 2 6 2016 S. YOUNG SEBRETARY OF STATES FALLAHASSEE, FLORIBA

COVER LETTER

| TO: Registration Se Division of Cor | ection porations | | | |
|--|--|---|--|--------------------|
| SUBJECT: D | 1-E16HT L | _LC | | |
| | 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: | | |
| | Michae | el Shea | | |
| | | Name of Person | | |
| | DV-E | FIGHT LLC | | |
| | | Firm/Company | | |
| | 14902 | SW 34th 5 | Street | |
| | 1 | Address | | a PE |
| | Davie | e, FL 33331 | | TO OCT 25 PH 4: 48 |
| | iñ. O | City/State and Zip Code | la a | 25 SE |
| | E-mail address: (| to be used for future annual report notif | ication) | 7 |
| For further information of | oncerning this matter, please of | Note: these are both un | derscores. | 1:4:4 1:07 |
| Michael | Shea | at (414) 807 | -6475 | <u>න</u> පිරි |
| Name o | f Person | Area Code Daytime | e Telephone Number | |
| Enclosed is a check for the | 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 St Certified Copy (additional copy is e | atus & |
| | | | | |

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 OF

| | IGHT LLC iability Company as it now appears on our lorida Limited Liability Company) | records.) |
|--|--|--------------------------------------|
| The Articles of Organization for this Limited Liabil Florida document number | ity Company were filed on 10/ | 17/16 and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designatio | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | TALE SE |
| (Principal office address MUST BE A STREET A. | DDRESS) | 8 20 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | 25 PH 4: 48 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| _ | City | , Florida Zip Code |
| | Cny | Lip Coue |

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 = Ma $AMBR = Au$ | anager athorized Member | | |
|----------------------|----------------------------|--------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| AMBR | Michael Shea | 14902 SW 34 Street | 🗆 Add |
| | | Davie, FL 33331 | Remove |
| | | | Change |
| MGR | Kristin Shea | 14902 SW34 Street | Add |
| | | Davie, FL 33331 | Remove |
| | | | |
| | | | ASSEE, FLORIUS |
| | | | CRemove |
| | | | Change |
| | | | 🖸 Add |
| | | | C Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

| ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| Perthe information provided on page 20+3, I need |
| to have the following changes made: |
| 3 |
| OChange Michael Shea's Little from CEO to AMBR |
| @ Remove Kristin Shea |
| Thankyon that the |
| 一 |
| oct p |
| P5 P |
| |
| |
| |
| |
| |
| |
| tive date, if other than the date of filing: |
| ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of equations after the record is filed. |
| 1 October 21 ,2016 |
| |
| |
| Signature of a member of authorized representative of a member |
| |

Page 3 of 3

Filing Fee: \$25.00