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(Req	uestor's Name)	
(Add	lress)	
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(Aud	nessy	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

Divi	ision of Cor	porations		
eudiece.		Ventures 1, 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:	
		Ashish Bahl		
			Name of Person	
			Firm/Company	
		230 N. Serenata Drive, Un	it 711	
			Address	
		Ponte Vedra Beach, Florid	a 32082	
			City/State and Zip Code	Lip Code
		akbahl65@yahoo.com	to be used for future annual report not	(Continue)
For further in	formation c	oncerning this matter, please of	·	meanony
Ashish Bahl			678 778-5200 at ()	
-	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
		ING ADDRESS: ation Section	STREET/COUR Registration Section	

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

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dellwood Ventures 1, LLC		
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on October 31, 2017	and assigned
lorida document number L16000194782	 '	
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company here:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE	<u></u>	·
		. · CO
	d/or registered office address on our records, ent	er the name of the n
gistered agent and/or the new registered	office address here:	<u> </u>
Name of New Registered Agent:	Kim Humphreys	
		(T)
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Ziv 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

Page 1 of 3

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
AR	Kim Humphreys	230 N. Serenata Drive, Unit 711	= Add
		Ponte Vedra Beach, Florida 32082	Remove
			Change
			Add
			□ Remove
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	ients, this date will	rsuant to 60 I not be lis	)5.020 ted a:
record specifies a delayed effective date, but not an effective time, at I The 90th day after the record is filed.	12: <b>0</b> 1 a.m. on	the earli	ier o
nted March 9 2018			
Signature of a member or authorized representative of a member	er		

Page 3 of 3

Filing Fee: \$25.00