## L17000073487

(Requestor	's Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
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2021 HAR -1 PH 3: 26

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## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396

Tallahassee, FL 32316

Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Dor Number two Media (CC
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Notes:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Door Number Two Media, LLC

2021 HAR - 1 PH 3: 27

(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 $\frac{03/31/2017}{}$	and assigned		
Florida document number <u>L17000073487</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Darby Lane, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	3959 Van Dyke Road			
(Principal office address MUST BE A STREET ADDRESS)	Suite 386			
	Lutz, FL 33558			
Enter new mailing address, if applicable:	3959 Van Dyke Road			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 386			
(Mutang duaress MAT DE ATOST OFFICE BOX)	Lutz, FL 33558			
agent and/or the new registered office address here:  Name of New Registered Agent:	· · · ·			
New Registered Office Address:				
	Enter Florida street address			
	Florida	Zıp Code		
New Registered Agent's Signature, if changing Registered Agent:	•	z.ip с оас		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further ag			

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

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<u>Title</u>	<u>Name</u>	Address -	Type of Action
MGR	Kingsley Charles	260 1st Ave. S	□Add
		Suite 200-130	<b>≡</b> Remove
		St. Petersburg, FL 33701	□Change
MGR	Robert Palano	3959 Van Dyke Road	<b>=</b> Add
		Suite 386	□Remove
		Lutz, FL 33558	
			🗆 Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
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			□Remove
			□ Change

				4.20	
D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2021 MAR - 1 PM 3: 27				
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Note:	If the date inserted in t	an the date of filing:  ate must be specific and cannot be this block does not meet the ap the Department of State's reco	pplicable statutory filing requ	(optional) on 90 days after filing.) Pursuant to 6 uirements, this date will not be li	05.0207 (3)(t sted as the
If the recor- record is fil		ffective date, but not an effecti	ve time, at 12:01 a.m. on the	e earlier of: (b) The 90th day at	ter the
Dated	March 1	2021			
	Robert Pa	Lano Signature of a member or		_	
		Signature of a member or	authorized representative of a r	nember	
	Robert Palano	Toront	printed name of signee		

Filing Fee: \$25.00