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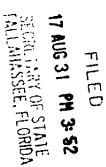
(Re	equestor's Name)			
(Âc	ddress)			
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(Ci	ty/State/Zip/Phone #)	,		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
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S. WARREN SEP 0 1 2017

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	4 A, UC			
-		nited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
Name of Person				
	_ Kuhn	Law Firm		
Firm/Company				
	6720 V	Vinkler Rd		
		Address		
	Ft Myen	City/State and Zip Code		
	J	City/State and Zip Code	<u> </u>	
		USha reed@da to be used for future annual report not	ana	
		·	ilication)	
For further information c	oncerning this matter, please ca	all:		
Aisha A.	Peed	at (<u>239</u>) <u>214</u> . Area Code Daytim	0263	
Name o	t Person			
		310.502.	8357 (cell)	
Enclosed is a check for th	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 Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

ţ.

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

AMENDED ARTICLES OF ORGANIZATION OF D & A, LLC

ARTICLE I - NAME

The name of the limited liability company is D & A, LLC ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address</u>: 1920 SE 32nd Terrace Cape Coral, Florida 33904 Mailing Address: 1920 SE 32nd Terrace Cape Coral, Florida 33904

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE. & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

AISHA A. REED 1920 SE 32nd Terrace Cape Coral, Florida 33904

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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.

AISHA A. RÆÐI

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: Name and Address:

MGR AISHA A. REED

AISHA A. REED 1920 SE 32^{ND} TERRACE

CAPE CORAL, FLORIDA 33907

MBR RENDELL D. REED

RENDELL D. REED 1920 SE 32^{ND} TERRACE

CAPE CORAL, FLORIDA 33904

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be August . 2017.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

AISHA A. REED

Typed or printed name of signee