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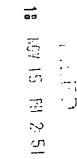
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COVER LETTER

Division of Corporations
SUBJECT: D. L.B. I, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Devin Barber Name of Person
D, L, B 1, LLC) Firm/Company
633 Wilderness Road
Eastpoint FL 32328 City/Statuland Zip Code
JISTOLONKENSHIP 79 (Q) CMCUL. COM E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
JOSSICA Blankenship at (840) 274-3381 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

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

Dlb1 L	LC
(Name of the Limited Biability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LITOOOP</u> 7	ompany were filed on $05 04 2017$ and assigned 7.00
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
93	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Limit	then Elability Company, the designation TEC. of the abbreviation TET.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	FSS)
	<u> </u>
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amonding the registered agent and/on regist	tered office address on our records, enter the name of the ne
registered agent and/or the new registered office addr	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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

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 $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Steven E RUSSell		
		East-point, FL 3232	Remove
			☐ Change
AMBR	Colby A Vonier	P.O. Box 201 Eastpoint, FL 3232	Add
	,	Eastpoint, FL 3232	<u>&</u> □ Remove
			□ Change
			Add
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<u>te:</u> It	e date, if other than the date of filing:	ional) or filing.) Pursuant to 605.02 ais date will not be listed
	rd specifies a delayed effective date, but not an effective time, at 12:01 oth day after the record is filed.	a.m. on the earlier
ted _	November 12th 2018	

Page 3 of 3

Filing Fee: \$25.00