## 11700173834

(Red	questor's Name)	
(Āda	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	 Filing Officer:	

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## **COVER LETTER**

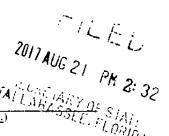
TO:	Registration Se Division of Cor			•		
SHRIF	DC LIVE, I					
SUBJECT: Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
		ROBERT DE COSEY				
			Name of Person	<del></del>		
		DC LIVE, LLC				
			Firm/Company	<del></del>		
	7912 DR. PHILLIPS BLVD., SUITE 50-631					
			Address			
		ORLANDO, FL 32819				
			City/State and Zip Code	<del>"</del>		
		RDECOSEY@GMAIL.CO				
		E-mail address: (	to be used for future annual report notifi	cation)		
For fur	ther information c	oncerning this matter, please ca	all;			
ROBE	RT DE COSEY		407 437-4114 at ( )			
	Name o	f Person		Telephone Number		
Enclose	ed is a check for th	ne following amount:				
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, 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



DC LIVE, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A)	Florida Limited Liability Company)	LONIO.
he Articles of Organization for this Limited Liabi		
lorida document number L17000173834	·	
his amendment is submitted to amend the followi	ng:	
If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
<ol> <li>If amending the registered agent and/or egistered agent and/or the new registered office</li> </ol>		nter the name of the
egistered agent and/or the new registered orner	e address nere:	
Name of New Ponictored Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	En El vil	
	Enter Florida sweet address	
		l <b>a</b> Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Anna De Cosey	3030 N. Rocky Point Drive	
		Suite 150A	■ Remove
		Tampa, FL 33607	Change
MGR	Robert De Cosey	3030 N. Rocky Point Drive	<b>=</b> Add
		Suite 150A	□ Remove
		Tampa, FL 33607	☐ Change
			AUGMOVE TO LET LE
			□ Change
			☐ Change
<del></del>			Add
			☐ Remove
			Change

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Effective date, if other than (If an effective date is listed, the date	the date of filing: must be specific and cannot be prior to date	of filing or more than 90 days after	onal) r filing.) Pursuant to 605.0207 (
Note: If the date inserted in this	s block does not meet the applicable st c Department of State's records.	atutory filing requirements, thi	s date will not be listed as t
the record specifies a dela- ) The 90th day after the r	yed effective date, but not an orecord is filed.	effective time, at 12:01	a.m. on the earlier of:
Dated August 18	2017		
R	1		
11	Synature of a member or authorized r		

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Typed or printed name of signee

Filing Fee: \$25.00