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(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

SUBJECT: Dir	t Road Inv	ESTMENT L.L.	, <u>C</u> ,
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	HAYLEE AL	HU Name of Person	
	111/200 100	Name of Person	
		Firm/Company	
	13786 NE	222 d PLACE	
		Addicss	
	RAIFORD, F	City/State and Zip Code	
	t	City/State and Zip Code	
	F-mail address: (1	Di Cloud, Com to be used for future annual report notif	(ication)
For further information co	ncerning this matter, please ca		,
Haybee Abu Name of		at (<u>813</u>) <u>210 -</u> Area Code Daytimo	-0201
Name of	Person	Area Code Daytimo	2 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

DIRT ROAD (Name of the Limited	Investme Liability Company as it	ENT 201204 /7 1	· 1 /1:,35
The Articles of Organization for this Limited Liab Florida document number <u>L17000180</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a subm	bility Company were f DO 16. ving:	iled on <u>08/17/201</u>	
The new name must be distinguishable and contain the wor	-		
Enter new principal offices address, if applical	ble:	3786 NE 22	2" PLACE
(Principal office address MUST BE A STREET	ADDRESS) R	ALFORD, FL 3:	2083
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>13</u> <u>0x</u> 0 R=	786 NE 222'	2083
B. If amending the registered agent and/or registered agent and/or the new registered officered.		ddress on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	HAYLEE R.	AHU	
New Registered Office Address:	13786	AHU NE 222 f Enter Florida street address	LACE
	RAIFORD	Florida ,	32083
New Registered Agent's Signature, if changing Re		,	Lip Code

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CASEY CREWS	151 SW BARWICK TER	
		LAKE CITY, FL 32024	Te Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			_ □ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
		 	_□ Add
,			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			☐ Change

ffective date, if other than the date of filing:	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie The 90th day after the record is filed.	er of:
vated October 15th, 2019.	
Signature of a member or authorized representative of a member	
HAYLEE AHU Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00