## 217000197971

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## **COVER LETTER**

Div	ision of Corp	rporations	
SUBJECT:	DK SQUAR	RED PVB, LLC	
		Name of Limited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspon	ondence concerning this matter to the following:	
		Deborah B. Kuniansky	
		Name of Person	
		DK SQUARED PVB, LLC	
		Firm/Company	
		481 Gramercy Drive	
		Address	
		Mairettal, GA 30068	
		City/State and Zip Code	
		debkuniansky@aol.com  E-mail address: (to be used for future annual report notification)	
For further in	formation cor	oncerning this matter, please call:	
Deborah B. k	Kuniansky	at 404 3 <del>117-7289</del> 784-3999 :	? 2
	Name of I		12
Enclosed is a	check for the	e following amount:	
<b>≘ \$</b> 25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	m In

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DK SQUARED PVB, LLC				
(Name of the Lin	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on $\frac{\theta}{2}$	9/25/2017	_ and assig	ned
Florida document number L17000197971	<del></del> .			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C	7
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE.	ET ADDRESS)			
			20	₹. 
			<u> </u>	•
Enter new mailing address, if applicable:			- 3	
Mailing address MAY BE A POST OFFICE	(BOX)		- <del>-,-</del>	;
			ري د خ	<u>''</u> .
			 · 1]	
<ol> <li>If amending the registered agent and/or igent and/or the new registered office addre</li> </ol>	registered office address on our r ess here:	records, enter the name of	the new r	egistere
Name of New Registered Agent:	D. Randall Briley			<del></del>
New Registered Office Address:	1525 B The Greens Way, Second	Floor		
<del></del> -	Enter Flor	rida street address		<del></del>
	Jacksonville Beach	, Florida 32250		
	City		ip 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 =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
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Note: If	e date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
ed in filad	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	1/21/2020 De
	' Se
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00