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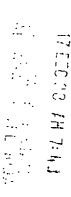
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COVER LETTER

ΓO:	Registration Sec Division of Corp			
SUBJEC	Dariu	is Daughtry Creative C	reative, LLC	
ouajev				
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	idence concerning this matter	to the following:	
		Darius V. Dau	ghtry	
		_	Name of Person	
			Firm/Company	
P.O. Box 5142				
			Address	
Fort Lauderdale, FL 33310				
		info@dariusda		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please ca	all:	
Darius V. Daughtry		try	at (_954) 336-501	5
Name of Person			Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
≜ \$25J	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:

TO:

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

Darius Daughtry Creative Creative, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number ___L17000257722 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Darius Daughtry Creative, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00