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SECRETARY OF SEARINGS

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COVER LETTER

Division of Cor	porations		
DARCY & SUBJECT:	ASSOCIATES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PHILIP DARCY		
		Name of Person	
	5049 NORTH ATA UNIT	Firm/Company	
	5049 NORTH ATA UNIT	DU-4	<u></u>
	NORTH HUTCHINSON I	Address SLAND, FL 34949	
	PDARCYASSOC@OPTON	City/State and Zip Code NLINE.NET	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
PHILIP DARCY		631 463-7157	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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:

Registration Section

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

DARCY & ASSOCIATES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) al Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number L18000003170	ny were filed on APRIL 5, 2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" or the	. =
Enter new principal offices address, if applicable:		86 ×138 ×138 ×138 ×138 ×138 ×138 ×138 ×138
Principal office address MUST BE A STREET ADDRESS)		3 PAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0 PH 3:35
Mutting undress SIAT DE ATOST OFFICE BOX		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the ne
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SUSAN L DARCY	5049 NORTH A1A UNIY 604	□ Add
		NORTH HUTCHINSON	
		ISLAND, FL 34949	_ ■ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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ective date, if other than the date	SEPTEMBER	3.1, 2018	(optional)	
effective date is listed, the date must be s	pecific and cannot be prior to	date of filing or more than	90 days after filing.) Purs	uant to 605,02
te: If the date inserted in this block of ument's effective date on the Depart	loes not meet the applicab ment of State's records.	le statutory filing requi	ements, this date will i	not be listed a
record specifies a delayed eff	ective date, but not	an effective time, a	at 12:01 a.m. on t	he earlier
he 90th day after the record	is filed.			
ed AUGUST 24	2018			
ed	·	- ·		
X hiles	Dauz ature of a member or authori			

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Filing Fee: \$25.00