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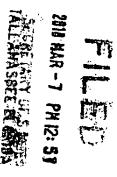
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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DT. AS CENSION FIXE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
A TINULE GIDADO Name of Person
DT ASCENSION FIXER LLC Firm/Company
2145 West Quay nd
SI. Aufustive Fl 32012  City/State and Zip Code  Angsi clado C G bl. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

#### 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

DT Ascension	Investment LLC
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 700307675	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
DT Ascension	Facer LLC  ds "Limited Liability Company," the designation "LLC" or the appropriate LLC".
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET)	
	me re
Enter new mailing address, if applicable:	<b>5 5 6 5</b>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the neee address here:
Name of New Registered Agent:	
New Registered Office Address:	
,	Enter Florida street address
	, Florida

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
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Note: If the date	e inserted in this bloo	ck does not me	et the applicat	le statutory filing	requirements, thi	s date will not be	listed as the
document's effec	ctive date on the Dep	partment of Sta	ate's records.				
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Filing Fee: \$25.00