118000026702

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STORY OF CORPURATION.

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COVER LETTER

	Registration Sec Division of Corp	
**************************************		, a Florida limited liability company
SUBJEC	;1: <u></u>	Name of Limited Liability Company
The encl	osed Articles of A	mendment and fee(s) are submitted for filing.
Please re	turn all correspon	dence concerning this matter to the following:
		Robert E. Messick, Esq.
		Name of Person
		Icard, Merrill, Cullis, Timm, Furen & Ginsburg, PA
		Firm/Company
		2033 Main Street, Suite 600
		Address
		Sarasota, Florida 34237
		City/State and Zip Code
		rmessick@icardmerrill.com E-mail address: (to be used for luture annual report notification)
For furth	er information co	ncerning this matter, please call:
Robert F	E. Messick, Esq.	at (94) 366-8100
	Name of	Person Area Code Daytime Telephone Number
Enclosed	is a check for the	following amount:
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

DFENZ LLC, a Florida limited liability	ty company						
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on January 30, 2018							
Florida document number L18000026702							
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	he limited liability company here:						
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."					
Enter new principal offices address, if applicab	le:						
(Principal office address MUST BE A STREET)	ADDRESS)	SER					
		97					
		Y ORPC					
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>					
D. If amonding the registered agent and/or	registered office address on our records, ente	r the name of the n					
registered agent and/or the new registered office		the mane 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>	Name	Address	Type of Action
MGR	JESSICA V. BRINGAS	1508 S. Shade Avenue	
		Sarasota, Florida 34239	☐ Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Remove
			□ Remove
			Change
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		layed effect e record is f		e, but r	iot an	effectiv	⁄e time	, at 12:	01 a.m	. on the	earli	ier
eed August 3	60			2018								

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Filing Fee: \$25.00