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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	DLT, LLC Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Preston	Kyle Harvisor	1
	8067	LLC Firm/Company	
	<u>8420 Tre</u>	Address  City/State and Zip Code  O Commail O So o be used for future annual report notice	Rd
	Leesbur	S FL 3479 City/State and Zip Code	58
	8067 LLC E-mail address: (1	o be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca		
Preston	Harrison	at 407 70 7	2-92.06
Name o	f Person	Area Code Daytim	e 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 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

8067,1	-1-(,		
(Name of the Limited Liabilities) (A Florida	ly Company as it now appears of Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>U3-132174</u>	ompany were filed on	) 29/18 an	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here	:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		<u>,                                      </u>	
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>	<b>-</b> ≅
Enter new mailing address, if applicable:		5	
(Mailing address MAY BE A POST OFFICE BOX)		70.00 60.00 70.00	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter/the na	ame of the new
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	<u>Address</u>	Type of Action
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	Harris	2753 Carmel CT Kissimmee FL 34746	?_□ Remove
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fective date, if other than the date of fine effective date is listed, the date must be specific ote: If the date inserted in this block does not be determined in the Department of the Departm	and cannot bot meet the	applicable s	of filing or n tatutory filin	nore than 90 ag requirem	(option days after fil ents, this d	ing.) Pur	suant to not be	605.020 listed a
record specifies a delayed effectiv The 90th day after the record is file		ut not an	effective	time, at :	L2:01 a.r	n. on t	he ea	rlier (
ared December 12	1.	018	_					
( ) N '	احت	15				$\geq$		_
Signature o	f a member o	or authorized	representative	of a member	<u> </u>			

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Filing Fee: \$25.00