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18 OCT -1 AH 1: 24

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OCT -8 2018

COVER LETTER

TO:		istration Se ision of Cor				
SUBJE	ECT:	DK	MOTT	ENTER	eprises, llc	
				Name of Lir	2 PRISES, LLC	5 174 A.L.
					bmitted for filing.	
riease	return	an correspo	naence concerni	ng this matte	r to the following:	
				KE	Name of Person	
					Name of Person	
				DK M	OTT ENTERPRISES,	LLC
			· · · · · · · · · · · · · · · · · · ·		Firm/Company	.
					Address	
				PALI	M COAST, FL 3213	37
					City/State and Zip Code	
			<u> </u>	-mail address:	To ENTERPHISES CGHA (to be used for future annual report not	ilication)
For fur	ther in	formation co	oncerning this m	atter, please o	rail:	
	\.	LEIRI	HOTT		at (<u>386</u>) 302 - Area Code Daytim	8440
		Name of	l Person		Area Code Daytim	e Telephone Number
Enclose	ed is a	check for th	e following amo	ount:		
⊠ \$ 25	5.00 Fi	ling Fee	□ \$30.00 Fili Certificat	ng Fee & e 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)
		MAILI	NG ADDRESS	:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 OCT - AH 1:24

DK MOTT	ENTERPRISES, LLC	- MUMAN C
(Name of the Limited I (A)	iability Company as it now appears on our records. lorida Limited Liability Company)	TALLY PORTON
The Articles of Organization for this Limited Liabi	lity Company were filed on07 25 18	
Florida document number <u>L18000178257</u>	<u> </u>	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
Enter new mailing address, if applicable:	.	
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 office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	ida
	~	

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
MGR	KEIRI P. MOTT	73 BEAVERDAM LN PALM COAST, FL 32137	M∕Add
			Remove
			Change
			Add Add
			Remove
			Remove 22d
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an ef lote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
ated	SEPTEMBER 28TH 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00