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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dean Sigler Enfort Prises LL Name of Limited Liability Company	<u>. C</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kenneth Bohonnon Es	<del>9. ·</del>
Coronado Law Croup &	PLLC
221 N. Couseway, Suite	<u>A</u>
New Snyrna Beach, FL 3	32/69
E-mail address: (to be used for future annual report notification)	NON BIT TO SERVICE TO
For further information concerning this matter, please call:	A A S
Terri M.M.: High at (386) 4127-53 Name of Person Area Code Daytime Teleph	107 S AH 9: 57 Ione Number 107
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status	□ \$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:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DEAN SIGLER ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 24, 2018 and assigned Florida document number 1.18000226387 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the hame registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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
			Change
			Add
			□ Remove
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fective date, if other than the date of filing:	(optional )
on effective date is listed, the date must be specific and cannot be prior to date of filing or more of the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed
record specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier
The 90th day after the record is filed. $\frac{2018}{1}$	

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Typed or printed name of signee

Filing Fee: \$25.00