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COVER LETTER

Registration Section Division of Corporations

TO:

DDA - Sne	ell, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	rane or tall	ned Entonity Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Bowen A. Amold			
		Name of Person	, <u>.</u>	
	DDA - Snell, LLC			2021 APR 12
		Firm/Company		
	1215 N Franklin Street	,		12 P
		Address	<u>.</u>	
	Tampa, FL 33602			9 PH 2: 26
		City/State and Zip Code		•
	barnold@ddadevelopment.e			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Bowen A. Arnold		813 600-0891		
	.cn	at () Area Code Daytim	e Telephone Number	
Name (nf Person	Area Code Dayum	e relephone ivalibei	
Enclosed is a check for t	he following amount:			
☑ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDA - Snell, LLC

company has been notified in writing of this change.

(A Florida Lim	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
DDA - Admiral's Account, LLC		. 2
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation."L.L.C."
Enter new principal offices address, if applicable:		FPR 1
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	2 .
		<u> </u>
		170/ 12
Enter new mailing address, if applicable:		7: 2:
(Mailing address MAY BE A POST OFFICE BOX)		
in a man cas in a		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	

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

If Changing Registered Agent, Signature of New Registered Agent

It 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
			□Add
			□Remove
			(☐ Change
			□Add
			Remove.
			PH S EAdd
			□Remove
			□ Change
			□Remove
			□Change
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			□Remove
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			□Remove
			□ Change

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Bowen A. Arnold	_ 	Signature of a member or authorized representa	tive of a member	
	Bowen A. Arnold			

Filing Fee: \$25.00