## 118000232383

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP . WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

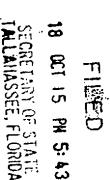




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## **COVER LETTER**

TO: Registration Se Division of Con		·		
DCT Enter	prises, LLC			
30bile1	Name of Lim	ited Liability Company	<u> </u>	
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter  David K. Cox	to the following:		
	DCT Enterprises, LLC	Name of Person		
	2830 NW 41st Street, Suite	Firm/Company		
Address Gainesville, Florida 32606				ind a line
	drdavecox@yahoo.com	City/State and Zip Code		ALLAHA SECRETA
For further information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notif	ication)	15 R
David K. Cox	of Person	352 317-4936 at ()	Telephone Number	PX 5: 44 PX 5: 44
Enclosed is a check for t	he following amount:			,
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

DCT Enterprises, LLC		
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on October 1, 2018	and assigned
Florida document number L18000232383	·	
This amendment is submitted to amend the following	y.	
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	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AE	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>en</u>	CRETATIVE STATION OF S
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	<u>Name</u>	Address	Type of Action
MGR	David K. Cox	2830 NW 41st Street, Suite D Gainesville, Florida 32606	Add
		<del></del>	☐ Remove
			□ Change
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			☐ Remove
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			SSEE, FLORIDA
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			Change

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	, O
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 lote: If the date inserted in this block does not meet the applicable statutory filing requires ocument's effective date on the Department of State's records.	0 days after filing.) Pursuant to 605.0207
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier of
ated October 8 . 2018	
Signature of a member or authorized representative of a memb	ber
Richard I. Withers, Authorized Member	

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Filing Fee: \$25.00