118000282918

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Disaster Av	=		
SOBJEC.1.			ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Dustin DeVaughn		
			Name of Person	
		1511 Mulberry Ave	Firm/Company	
		Panama City, FL 32405	Address	
		ironman@disasteravengers.	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	all:	
Dustin DeVa	ughn		334 300-8003 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

Disaster Avengers LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our requiability Company)	<u>ords.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000282918}{L18000282918}$.	were filed on 12/10/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
	N. C. S.	LLCD ask although to the C.	
The new name must be distinguishable and contain the words "Limited Liabi		LILC of the appreviation Latie.	
Enter new principal offices address, if applicable:	1511 Mulberry Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Panama City, FL 32405		
Enter new mailing address, if applicable:	1511 Mulberry Avenue	PR 12	
•	Panama City, FL 32405	ू इ	
(Mailing address MAY BE A POST OFFICE BOX)		STATE STATE	
		Dm 60	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our recore:	ords, enter the name of the ne	
New Registered Office Address:			
	Enter Florida street at	ldress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. c performance of my dutie.	I further agree to comply with t s, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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 CLIAB Bemove
			Me German
			SEURE ARY UF STATE AND FILE AND SEE FLORIDA
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fective date, if other than the neffective date is listed, the date m	e date of filing	g:	. 1	(0	ptional)	405 N20
neffective date is usted, the date mote: If the date inserted in this becament's effective date on the learning the learning and the learning date.	lock does not n	neet the applic	able statutory fi	ling requirements,	this date will not be	listed as
record specifies a delaye The 90th day after the re		late, but no	t an effectiv	e time, at 12:0	1 a.m. on the ea	arlier of
March 20 ted		2019				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00