## 1190000 70508

(Requ	iestor's Name)	
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SECRETARY OF STATE AS CHECKEN OF CORPORATIONS

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## **COVER LETTER**

TO: Registration 5 Division of C		*	
DLA	, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Lexi Cowley		
		Name of Person	<u>_</u>
	Guardian La	ıw, LLC	
		Firm/Company	
	770 E Main	St, Suite 242	
		Address	19
	Lehi, UT 840	043	19 MER 23
		City/State and Zip Code	22.3
	lcowley@guardia	INIAW.COM to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	·	23 PH 2: 17
Lexi Cowle	<b>э</b> у	at (844) 409-1	
Name	e of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 phassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerual Tallahassee, FL 323	n itions nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLA, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Plorida document number L19000070508	were filed on 3/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	10704 OLD PINE ACRES TRAIL	·
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE, FL, US 32305	640
Enter new mailing address, if applicable:	10704 OLD PINE ACRES TRAIL	TO STORY OF CO
(Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEE, FL, US 32305	P 199
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	<u>ed from our records:</u>			
	Manager - Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
	-	Remove	
			□ Change
			Add
			☐ Remove
			□ Change
		·	□ Add
			□ Remove
			☐ Change
		☐ Remove	
			Change
		□ Add	
			Remove
			Change

being made to DLA, LLC		
(Used to say "UN", needs to	say "US")	
	<del></del>	
		<del></del>
		_
-		
		<u>_</u>
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be  : If the date inserted in this block does not meet the a ment's effective date on the Department of State's red	prior to date of filing or more than 90 days after filing.) Pursu pplicable statutory filing requirements, this date will n	iant to 605.02 of be listed
•		
record specifies a delayed effective date, but ne 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on th	ıe earlier
April 9th 201	9 A	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00