## L19000084852

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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
OF US TO		DC ENTERPRISE, LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DANNY CHIQUITO		
			Name of Person	
		FLORIDA DC ENTERPR		
		<del></del>	Firm/Company	
		8921 NW 79TH ST	. ,	
			Address	<del></del>
		TAMARAC, FL 33321		
			City/State and Zip Code	
		dannychiquito@gmail.com		. /
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
DANN	NY CHIQUITO		954 773-3584 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>□</b> \$2	5.00 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)

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

FLORIDA DC ENTERPRISE, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compan	y were filed on 03/27/2019	and assig	med
Florida document number L19000084852			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			201
		<u> </u>	2019 HA
		1	~ .
Enter new mailing address, if applicable:			ယ
(Mailing address MAY BE A POST OFFICE BOX)		77 (D	7
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:		r the name o	f the nev
Editie of New Neglatera Agent			
New Registered Office Address:	Enter Florida street address		
	Enter Fiorita Mreet address		
	. Florida		
	City	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	DANNY CHIQUITO	8921 NW 79TH ST. TAMARAC, FL 33321	
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			■ Change
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			Remove
			Change
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(It an eft <u>Note:</u>	ive date, if other than the detive date is listed, the date mu. If the date inserted in this beent's effective date on the I	ist be specific an lock does not	id cannot be price meet the appli	cable statutory			
f the red b) The	cord specifies a delaye 90th day after the re	d effective cord is filed	date, but n	ot an effecti	ve time, at 1	2:01 a.m. on t	ne earlier of:
Dated	MAY 9TH		2019				
Dated		De 1	(2:0)	<u> </u>			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00