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COVER LETTER

Division of Corpo			
SUBJECT: CAMAGE	Name of Lin	leudures LC nited Liability Company	to DLP OK Ventur
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Bary	W De Croc	, L
	DUF	> Capital t	Partners LLC
	605 P	dencia Clu	b brive
	St. Aug	OVStrue F City/State and Zip Code	1 32095
-	E-mail address: (RY @ DLP V to be used for future annual re	RE, Comport notification)
For further information conc			
Liz DeC	Nock rson	at (<u>904</u>)2	297-3685 Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:		,
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 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

(Name of the Limited Liabi	ntures LCC lity Company as it now appea da Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL190001336;	Company were filed on	May 17, 2019	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the line DLP OK The new name must be distinguishable and contain the words "Li	Ventures LL	_0	reviation "L.I.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:		? -	201915.77	;
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter t</u>	ည မှ he name	of the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo.	rida street address	<u> </u>	
	City	Florida	Zip Code	
	Cuy		ыр Соае	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Change
			Remove
			Change
			Remove
		-	☐ Change
			Add
			Remove
			Change
			Add

_□ Remove

_ Change

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(If an eff	ive date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 28 . 2019.
	Signature of member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00