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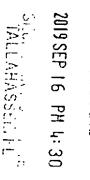
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration So Division of Co			•
CHDII		ÀNGE COUNTY LLC		
SUBJ	EC1:	Name of Limi	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Sonia Acevedo		
			Name of Person	
		DF Express, LLC		
		-	Firm/Company	
		5775 Blue Lagoon Drive S	uite 310	
			Address	<del></del>
		Miami, FL 33126		
			City/State and Zip Code	
		sonia@dfexpressllc.com		
		E-mail address: (1	to be used for future annual report noti	fication)
For fu	ther information of	concerning this matter, please ca	all:	
Sonia	Acevedo		786 718-4540 at ()	
	Name c	of Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for t	he 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**

DFDE ORANGE COUNTY LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	<del>ipany as it now appears on ou</del> ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000140827</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
DHDE Orange County, LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address had not new Registered Agent:  New Registered Office Address:		records, enter the name of the new
	Enter Florida stre	et address
		, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
	<u></u>		
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			□ Change
			□ Add
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e reco	ord specifies a d 90th day after t	elayed effectiv he record is file	e date, but n ed.	ot an effective	ime, at 12:01 a.	m. on the earlier of
)	09/13/2019					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00