1900175237

| (R | equestor's Name) | , |
|-------------------------|--------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| , (C | ity/State/Zip/Phon | ie #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Na | me) |
| · (D | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 09/19/2019 | | |
|--------------------------|--------------------------------|-----------------|---------------------|
| | Chris Vick | | |
| | #:1131666 | | |
| Entity Nam | ne:DCS I | MANAGEMENT, LLC | |
| | cles of Incorporation/Authoriz | | |
| ✓ Ame | endment | | |
| ☐ Cha | inge of Agent | | 2019 |
| ☐ Reir | nstatement | | 2019 SEP |
| Con | version | | 1 61 |
| ☐ Mer | ger | | ය ි : |
| ☐ Diss | solution/Withdrawal | | 3 |
| ☐ Fict | itious Name | | |
| ☐ Oth | er | | |
| Authorized Signature: | | | |

+44 (0)20.3961.3080

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DCS Manage | | | |
|---|--------------------------------------|--|----------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears ability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company w Florida document numberL19000175237 | | 07/17/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company her | <u>'e</u> ; | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the de | signation "LLC" or the abbrev | iation "L.L.C." |
| Enter new principal offices address, if applicable: | | | <u>-</u> |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u>-</u> |
| | | | |
| Enter new mailing address, if applicable: | | 8302 Earlwood Ave. | 201 |
| (Mailing address MAY BE A POST OFFICE BOX) | N | Mount Dora, FL 3275 | 7 - 22 |
| | | | · -0 |
| | | | 9 |
| B. If amending the registered agent and/or registered offi | | our records, enter the | name of the new |
| registered agent and/or the new registered office address here: | | | ä |
| Name of Name Basis and Assess | | | သ ဇ |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florie | da stre e t address | |
| | 2-00-0-0 | | |
| | City | , Florida 2 | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | · | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of n ovided for in Ci | ny duties, and I am fami hapter 605, F.S. Or, if tl | liar with and his 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--------------|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | □ Add |
| | | | □ Remove |
| | | | □ Change |
| | | | _ _ _ Add |
| | | | ☐ Remove |
| | | | Change |
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| | | | Remove SCP Change 9 |
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| | | | |
| | | | □ Remove |
| | | | 17i Change |

|). If amending any other information, enter change(s) here: (Attach additional sh | |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records. | (optional) 190 days after filing.) Pursuant to 605.0207 (3) rements, this date will not be listed as the |
| the record specifies a delayed effective date, but not an effective time, and the sound of the fective time, and the sound is filed. | at 12:01 a.m. on the earlier of: |
| Dated September 18 2019 | |
| Signature of a member or authorized representative of a me | ember |
| Matt Lowe | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00