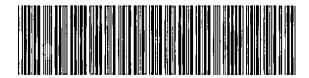
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COVER LETTER

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TO: Registration Section Division of Corporati	ions		
SUBJECT:S	andra C Name of Limi	· Caputo Lited Liability Company	<u>-C</u>
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	•		.
	Sand	ra Caputo	
		Name of Person	
	willbe	DCY LLC	
	~ ?	Firm/Company	
	3639 W	Hillton Ln.	
		ddress	
	Dunne	11 on FL. 3443	53
		City/State and Zip Code	
	Caputo.	Scendra @ yakor. o to be used for future annual report no	Com
	E-mail address: (t	to be used for future annual report no	otification)
For further information concern	ing this matter, please ca	all:	
Sandra C	aputo	at (352) 220	
Name of Perso	п \	Area Code Dayti	me Telephone Number
Enclosed is a check for the follo	owing amount:		
□ \$25.00 Filing Fee □	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Sandra C Capu	tolla	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 000 18783</u> 3.	wwere filed on July 22, 3-019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
DCY, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrevi	ation "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 BON)	AHASSE	FILED A 70
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Florida	
	City Z	ip Code
North Contract of the Contract		

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mG R	Bulent Yenal	3639 W. Hilltop Ln.	& Add
		Dunnellon, FL. 34433	Remove
			Change
			Add
			Remove
			Change
		 	Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

. If amending any other information, effect change(s) here. (Anach additional sheets, if necessary.)

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 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: o) The 90th day after the record is filed.
Dated Original 8. 2019. Signature of a member or authorized representative of a member Sandra Caputo Typed or printed name of signee
Sandra Caputo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00