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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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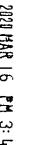
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SECRETARY OF STATE



COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

LD	S FLOR	DIA, LLC	<i>:</i>		
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed Ar	ticles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspoi	ndence concerning this matter	to the following:		
		AMBER KRINGLE			
	Name of Person				
		LDS FLORIDA, LLC			
		Firm/Company 20432 KINDERDEMAC AVENUE			
			Address		
		PORT CHARLOTTE, FL	33952		
			City/State and Zip Code		
		fran@breakthroughaccounti	ing.com		
		E-mail address: ()	to be used for future annual report noti	fication)	
For further infor	mation co	oncerning this matter, please ca	all:		
Franyora Dixon			337 936-7483		
-	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a ch	eck for th	e following amount:			
□ \$25.00 Filin	g Fee	S30.00 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)	
	z Address		<u>Street Address:</u> Registration Se	ction	
-		orporations	Division of Cor	rporations	
	30x 632		The Centre of T	l'allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDS FLORDIA, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on 08/01/2019	and assigned
lorida document number L19000196963		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
DS FLORIDA, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	₩ ₀ 2
nter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS)		A
		28.58 1.69 1.91
		FCA G
nter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records, <u>enter t</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u> .	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
		-	□Remove
			□Change
			□Add
			Remove
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	han the date of t	Glina.			_ (optional)	
ective date, if other t	e date must be specifi	ic and cannot be pr	ior to date of filir	g or more than 90 d	lays after filing.) Pur	rsuant to 605.0
e: If the date inserted ument's effective date	in this block does in the Department	not meet the app t of State's recor	ds.	y ming requireme	ents, this date will	not be fisted
cord specifies a delayed	d effective date, bu	t not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 90	th day after t
s filed.						
February 26,		2020				
1	ber Kris		_ 			
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Filing Fee: \$25.00