## L19000230424

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## **COVER LETTER**

TO:

	gistration Serision of Cor			
SURJECT:	v DnZ Holdir	ngs LIČC	· · · · · · · · · · · · · · · · · · ·	•
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ited Liability Company	<del></del>
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Leslie Artze		
			Name of Person	
		Kendrick Law Group		
			Firm/Company	
		630 N. Wymore Rd. Ste 37	7()	
			Address	
		Maitland, FL 32751		
			City/State and Zip Code	
		business@kendricklawgrou	•	
		E-mail address: (	to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please co	all:	
Leslie Artze			407 641-5847 at ( )	
	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
Di	vision of C	orporations	Division of Co	rporations
	D. Box 632		The Centre of	
Та	Hahassee, I	·L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DnZ Holdings LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number L19000230424	Company were filed on 09/11/2019	and assigned
This amendment is submitted to amend the following:	<del></del> -	
Ţ.	5. 115 1 95	
A. If amending name, enter the new name of the lin	nited hability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		2721
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0, 00
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Cin	Florida
	City	z.ip 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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CYNTHIA WARD	c/o 630 N. WYMORE ROAD SUITE 370	
		MAITLAND, FL 32751	□Remove
			□Change
			□ Add
			□Remove
			Change Child
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Remove  G G G G G G G G G G G G G G G G G G G
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