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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOBCOUTY TY OP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tanisha Latour Name of Person
DCIBCOUTYTYCIP LLC Firm/Company
1785 Lawerdale Manor Dr Address
FOY LAUCE FL 3331) City/State and Zip Code
E-mail address; Ito be used for future annual report notification)
For further information concerning this matter, please call:
TUNISHQ LUTOUT at CI5H, 336-5891 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffed Copy (additional copy is enclosed) S25.00 Filing Fee Scriffed Copy (additional copy is enclosed) S25.00 Filing Fee Scriffed 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

(Name of the Limited Liability Comp (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 19000239770	y were filed on <u>C1231C1</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and contain the words "Limited Liab 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)	1785 Lauderdaie Manor Dr. Fort Lauderdaic FL, 33311
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, enter the name of the new re:
Name of New Registered Agent: New Registered Office Address: TONIC TO	LOUCERCUR MONOY DE Enter Florida street address LOUCERCUR MONOY DE Enter Florida 3331 1 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, 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
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Note:	ive date, if other than the date of filing: C1 22 1C1 (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	10/101/ . 2019.
	Someth
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00