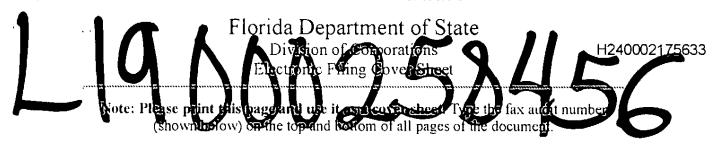
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.

Account Number : I20120000069 Phone : (561)683-3000 Fax Number : (561)965-0938

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LBGK, LLC.

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Electronic Filing Menu Corporate Filing Menu

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H240002175633

## **COVER LETTER**

TO:		istration Sect ision of Corpo		•	H240002175633
•		LBGK, LLC.			
SUBJE	CT:			ted Liability Company	ı'
The enc	losed	Articles of A	mendment and fee(s) are subs	nitted for filing.	
Please r	eturn	all correspond	dence concerning this matter	o the following.	
Δi.,		ų. ;≺	ARNALDO J COUCELO		
	•	-		Name of Person	
			COUCELO ASSOCIATES	INC	
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\$-,			1818 S AUSTRALIAN AV	'E STE 230	585 675 <b>24</b> c
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F 6 1				o be used for future annual report notification)	
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ARNAI	LDO	J COUCELO	. <u>.</u>	561 683-3000 at ()	
		Name of I	<sup>3</sup> erson	Area Code Daytime Telephone Number	
Enclose	d is a	check for the	following amount:		
<b>≘</b> \$25	5.00 F	Tiling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Re; Div	iling Address: gistration Se vision of Co ). Box 6327	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

12.

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Tallahassee, FL 32314

15619650938 p.4 ARTICLES OF AMENDMENT H240002175633 TO ARTICLES OF ORGANIZATION Ъ. **OF** LBGK, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) . .; The Articles of Organization for this Limited Liability Company were filed on 10/15/2019 \_\_\_\_\_ and assigned Florida document number L19000258456 This amendment is submitted to amend the following: At If amending name, enter the new name of the limited liability company here: DAC MANAGEMENT SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: -մա։ Name of New Registered Agent: New Registered Office Address:

## 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.

Enter Florida street address

-Jún - 1 11 If Changing Registered Agent, Signature of New Registered Agent

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E. Like

Jun-2024	11:07	LBGK		15619650938	p.5
If amend or remov	ing Authoria ed from our	zed Person(s) authorized records:	to manage, enter the title, name	, and address of each p	
MGR =	Manager Authorized				H240002175633
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HECTOR DEL AGUILA		
		Signature of a member or authorized representative of a member
Typed or printed name of signee		

Filing Fee: \$25.00