## L20 000034572

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2021 FEB -1 AM 9: 20 SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section

Div	rision of Corporations	•
CHD IEZT.	Dead Reckoning Industries, LLC	
SUBJECT	Name of L	imited Liability Company
The enclosed	d Articles of Amendment and fee(s) are si	ubmitted for filing.
Please return	all correspondence concerning this matter	er to the following:
	Chris J. Chadwick	
		Name of Person
	Dead Reckoning Industr	ies. LLC
		Firm/Company
	9136 Spring Run Blvd	
		Address
	Estero, FL, 34135	
		City/State and Zip Code
	chris@drindustries]le.con E-mail address	n s: (to be used for future annual report notification)
For further in	nformation concerning this matter, please	eall:
Chris Chadw	vick	860 539-3938 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
■ \$25.00 F	Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Dead Reckoning Industries, LLC

2021 FEB -1 AM 9: 20

(Name of the Limited Liability Company as it now appears on our records.) EURETARY OF STATE

(A Florida Limited Liability Company)

TALL LIAC STEE TO TALLUHASSIFFE The Articles of Organization for this Limited Liability Company were filed on January 28, 2020 and assigned Florida document number <u>L20000034572</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_ City

## 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
MGR	Thomas Murray	154 Colony Crossing, Edgewater, MD 21037	<b>≅</b> Add
		-	□Remove
			□Change
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			□Remove
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Auu.	tion of Thomas Murray as part owner of the LLC	
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ctive (	late, if other than the date of filing:	(optional)
effectiv e: 1f th	date is listed, the date must be specific and cannot be predefined in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605.020 olicable statutory filing requirements, this date will not be listed as
	effective date on the Department of State's recor	
ord sp	ecifies a delayed effective date, but not an effectiv	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.		
		/)/////
Jaur ed	ary 28 2021	
		V/////
	Signature of a rhember of a	uthorized representative of a member
	Chris John Chadwick	