L200000 46298

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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3 PARTHENT OF STATE SUSJON OF CORPORATION PALLAMASSEE FLEENS

2020 FEB 2 ! AM 8: 0

MAR 12 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpor		•	
SUBJECT: DC P	reston Rea	al Estate LL(ed Liability Company	2
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Dana	C Preston Name of Person	
	DC Pre	eston Real Es	tate LC
	<u> </u>	ox 1112 Address	
	Palmetto	FL 342 Ciry/State and Zip Code	20
-	dpreston (Fig. 342 City/State and Zip Code 001	abay. rc. com
For further information cone	erning this matter, please cal	II:	
Dana C. Name of Pe	Preston	at (941) 705-9 Area Code Daytin	S 5 1 O ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		/
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec Division of Corp		Registration Se Division of Co	
P.O. Box 6327	жицина	The Centre of	•
Tallahassee, FL	32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	01		是 一	And the same of th
OC Preston (Name of the Limited Liability (A Florida Lia	Real Estate Company as it now appears on o	LLC	ASSESSED OF	
		1 1		•
The Articles of Organization for this Limited Liability Com		110/20	20 and as	ed
Florida document number <u>L20000 46298</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	I liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or th	he abbreviation "L.I.,C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our record	ds, <u>enter the i</u>	name of the new re	gistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida st	reet address		
		, Florida	a	
	City		AZip 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. Thereby 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.	Dana C. Preston	1509 4th St W Palmetto Fi 342	<u>/</u>
			□Remove
			□Change
			🗆 Add
			[]Remove
			□Change
			□Add
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		<u> </u>
(If an effective dat <u>Note:</u> If the di	e, if other than the date of filing: the is listed, the date must be specific and cannot be prior to date of filing late inserted in this block does not meet the applicable statutor feetive date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605,0207 (3
ne record specifiord is filed.	fies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated	2/19 2020	
	2/19 2020. Dana C Estator Signature of a member or authorized representation	entative of a member

Filing Fee: \$25.00