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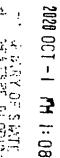
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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NOV 6 2020 M. SOLOMON

COVER LETTER

Division of Co	orporations		•		
SUBJECT:	5. 15, LLC	· .	•		
	Name of Li	mited Liability Company			
The enclosed Articles of	f Amendment and fec(s) are su	ibmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Rob	verto Pichard Name of Person			
		Name of Person			
	DS	15, LLC Firm/Company			
		Firm/Company			
	279	Codrington De	rive		
	Lauderda	le by the Sea City/State and Zip Code	FL 33308		
	E-mail address:	City/State and Zip Code Pichard alam to be used for future annual report notif	iacarena.c	202	
For further information of	concerning this matter, please o	-all-	.cutivity	2020 OCT - I - M 1:0	<u></u>
_ Robert	to Pichard	at (<u>443</u>) <u>852 –</u> Area Code Daytime	1616	CI -1 M 1	
Name o	f Person	Area Code Daytime	Telephone Number		Ċ
Enclosed is a check for the	ne following amount:			(ii)	
S25.00 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 tadditional copy is enck		

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

DS 15, L	LC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 4 6 202	and assigned
Florida document number <u>L20000097569</u>	- · · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable:	279 Codringto	n Drive
(Principal office address MUST BE A STREET ADDRESS)	279 Codringto Lauderdale by	the Sea, FL 3330
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	279 Codrington] Lauderdule by th) <u>rive</u> . e Se., FL 33308
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new egistered
Name of New Registered Agent:		130
New Registered Office Address:		
	Enter Florida street address	95 11 55 08
	, Florida	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 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

Title	Name	Address	Type of Action		
MGR	Elena Rivera	5757 Collins Ave, Apt 1805 Add			
		Miami Beach, FL 331	40 Premove		
			□Change		
			□Add		
			□Remove		
			DChange		
			□Add		
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