120000140818

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10/30/20--01007--028 **25.00

2020 OCT 30 PM 6: 19

12/9/20

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUDIDAT.	DASHDJT.	AL.		
SUBJECT:		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Damian Carrington		
			Name of Person	
			Firm/Company	
		8714 Coral Dawn Ct		
			Address	
		Temple Terrace FI, 33637		
			City/State and Zip Code	
		DKCDesigns20@gmail.com		
For further is	nfornation c	ri-man address: (oncerning this matter, please c	to be used for future annual report no all:	ouncation)
Damian Car			813 4141254	
· · ·	_	f Person	/	me Telephone Number
	rune	110.00	Alea code Dayl	The respirate reality
Enclosed is	a check for th	ne following amount:		
■ \$25 ,00 J	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection
Division of Corporations			Division of Corporations	
). Box 632		The Centre of	
l a	llahassee, I	°L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DASHDJTAL

company has been notified in writing of this change.

2020 OCT 30 PM 6: 19

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on ou hability Company)	TALLAHASSET ETARE
The Articles of Organization for this Limited Liability Company Florida document number 1.20000140818	were filed on $\frac{05/26/202}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DKC Designs, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "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:	P.O Box 290274	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33678	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ældress, Florida City Zip Code	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as t	performance of my di	ities, and I am familiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
			□Add
		 	□ Петюче
			□Change
	 		□Add
			□ Remove
		······································	□Change
			□Add
			□Remove
			□Change
		·	Петюvе
			□Change
			□Add
			Петюve
			□Change
			□Add
			□Remove
			Change

E. Effective date, if other than the date of filing: 10-28-2020 (If an effective date; if other than the date of filing: 10-128-2020 (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695 0207 (3yth Note: 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 10-28-2020 Signature of a member or authorized representative of a member Dumian Carrington	D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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