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COVER LETTER

FO: Registration Sec Division of Corp			
BIRINGT: Did	rk Enterpris	e LLC	
object	rk Enterpris Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Br	ice Durk Name of Person	
		Name of Person	
	Durk E	Firm/Company	
	345 Pigm	Address	
	safety th	City/State and Zip Code	<u>v95</u>
	Brian, Re E-mail address: (1	NOX SUNA (a) UNIO be used for future annual report not	real · (Cr)
For further information co	oncerning this matter, please ca	all:	
Brian	Durk _	at (727) 458	3 4544
Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro Tallahassee, FI	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DULTK Enterpri	ist llc				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears mited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Com Torida document number <u>2000 (6537)</u> .			nd assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company her	<u>e</u> :			
he new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abbreviat	ion "L.L.C."		
Inter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·		
Principal office address MUST BE A STREET ADDRES	<u> </u>				
		Sin	7020 SE		
Enter new mailing address, if applicable:			<u>√</u> (mana)		
Mailing address MAY BE A POST OFFICE BOX)		A 13			
		1.150 1.150 1.150	T D		
3. If amending the registered agent and/or registered of	ffice address on our re	cords, enter the name of t	••		
igent and/or the new registered office address here:	ince address on our re-	tor do, enter the manager	-63		
Name of New Registered Agent:					
New Registered Office Address:		 			
	Enter Florida street address				
	, Florida				
	City	Ζιρ	Conc		
New Registered Agent's Signature, if changing Registered A					
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of r it as provided for in C	ny duties, and I am famili hapter 605, F.S. Or, if thi	ar with and s document is		
ī	f Changing Registered Age	nt, Signature of New Registere	d Agent		

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager

MBR = Authorized Member

<u>`itle</u>	Name	Address	Type of Action
IMBR	Micole Curl	345 Plymouth St.	□Add
		Safety Heirbor, FL	Remove
		341695	Z Change
MGR	NICOLE CULT	345 Pymovih St	ĠXÀdd
		Scolety Harbor, Fr.	□Remove
		34695	□Change
			🗆 Add
			□Remove
			□Change
			Remove
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an effecti ote: If	e date, if oth tive date is listed the date inser t's effective d	I, the date must ted in this blo	t be specific and ock does not r	d cannot be pri meet the app	ior to date of fil licable statute	ling or more tha	ın 90 days aft	t ional) er filing.) Pursu nis date will no	ant to 66 of be lis	05.0207 sted as '
record s		ayed effective	: date, but not	t an effective	time, at 12:0)1 a.m. on the	earlier of:	(b) The 90th	day afi	ter the
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	Sept	(リントライン								