## Lacooa80585

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000324656 3)))



H200003246563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: \_\_\_\_\_\_

7 - VEL

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAPS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.778 17 FDH:03

(Name of the Limited Liability Co	ompany as it now appears on our reco ned Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	oany were filed on <u>09/08/2020</u>	and assigned
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
	<u> </u>	Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DAPS Group LLC

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	DAPS LLC	7901 4TH ST N STE 300	🗖 Add
		St. Petersburg, FL 33702	☑ Remove
			Change
MGR	DAPS Universe LLC	7901 4TH ST N STE 300	☑ Add
		St. Petersburg, FL 33702	_□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
		ALL	□ Remove
			Change
			Add
			☐ Remove
			Change

					<del></del>
	· ·				
		·	<del></del>		_
		.,,			
		<u> </u>		<del></del>	
				,	
				<del>.</del>	
				<u> </u>	
ective date, if other than to effective date is listed, the date in this term on the date on the	nust be specific and co block does not me	annot be prior to e et the applicabl	date of filing or more	( <b>options</b> than 90 days after fili equirements, this da	ng.) Pursuant to 605.02
record specifies a delay he 90th day after the r	ed effective da ecord is filed.	te, but not a	n effective tim	e, at 12:01 a.n	n. on the earlier
<sub>ed</sub> 9/17		20			
Riluy	PL				
,	Signature of a me	ember of authoriz	ed representative of	a member	

Page 3 of 3

Filing Fee: \$25.00