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(((H25000183307 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURR & FORMAN LLP

Account Number : I19990000278

Phone : (407)540-GG00 Fax Number : (407)540-6601

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

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS: D5 MANAGEMENT SERVICES, LLC

Certificate of Status	0
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MAY 24-2025

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Help

Docusign Envelope ID 0AE90F87-DDA2-4511-BFD2-C54A3DFE7ADC COVER LETTER

fax audit number H25000183307 3

	ion Section of Corporations		
	MANAGEMENT SERVICES, LLC		
SUBJECT:	Name of Lii	nited Liability Company	<del>.</del>
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	Brian Ware		
		Name of Person	
	D5 MANAGEMENT SE	RVICES, LLC	
		Firm/Company	
	2865 Plummer Cove Roa	d #3	
	Address		
	Jacksonville, FL 32223		
	***************************************	City/State and Zip Code	***************************************
	brianleeware@gmail.com	(to be used for future annual report no	vitication)
For further informa	ation concerning this matter, please	·	THE SIGNAL
Brian Ware		904 236-3330	
	Name of Person	at ()	me Telephone Number
r.	Name of Ferson	Area Code Dayu	me retephone Number
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing H	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)
	Address: tion Section n of Corporations	<u>Street Address:</u> Registration S Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

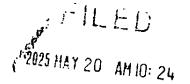
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 0AE90F87-DDA2-4511-BFD2-C54A3DFE7ADC

fax audit number H25000183307 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records



D5 MANAGEMENT SERVICES, LLC

	(A Florida Limited Liabil	ity Company)	1
The Articles of Organization for this Limited L Florida document number L20000352167	iability Company were	e filed on 11/05/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<del> </del>
(Principal office address MUST BE A STRE	<u>ET.ADDRESS)</u>		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		ess on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Brian Ware		
New Registered Office Address:	2865 Plummer Cove	e Road #3	
		Enter Florida street address	
	Jacksonville	Chamid	32223

## 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.

Brian war —4250C2C86592488.

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID 0AE90F87-DDA2-4511-BFD2-C54A3DFE7ADC fax audit number H25000183307 3
TI amenoing Authorized rerson(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
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		<del> </del>	□ Change
			□ Remove
		<del></del>	Change
		<del>- •</del>	□Add
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D. If amer	ding any other information,	enter change(s) here:	(Attach additional si	heets, if necessary.)	
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<u>Note:</u> I	te date, if other than the date stive date is listed, the date must be sp f the date inserted in this block do nt's effective date on the Departm	oes not meet the applical	date of filing or more that the statutory filing requi	(optional) n 90 days after filing.) Pursuant to 60 irements, this date will not be lis	95.0207 (3)(b) sted as the
If the record record is file	specifies a delayed effective date d.	, but not an effective tim	ie, at 12:01 a.m. on the	earlier of: (b) The 90th day after	et the
	5/20/2025				
Dated _		·	Brian Ware		
			425DC7C88592488		

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Brian Ware, MGR