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SECRETARY OF STUP

2021 SEP 13 PM 4: 1

COVER LETTER

TO:	Registration S Division of Co			e.
eud itz		CGroup LLC		
SUBJEC	-1; <u></u> _	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkerest Dr., Suite 2	207	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
For furth	er information (E-mail address: () concerning this matter, please ca	to be used for future annual report noti all:	neation)
Jenny C			844 493-6249 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for t	he following amount:		
\$ 25.0	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 (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION | L. ED OF 2021 SEP 13 PM 4: 18

DDC DDC Group LLC

SECRETARY OF STALL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/18/2021}{1}$ _____ and assigned Florida document number $\frac{1.21000083046}{}$ 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 "LLC" or the abbreviation "LLC." 5911 Guarino Dr. Enter new principal offices address, if applicable: Sarasota, FL 34238 (Principal office address MUST BE A STREET ADDRESS) 5911 Guarino Dr. Enter new mailing address, if applicable: Sarasota, FL 34238 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
AMBR	David Costanzo	5911 Guarino Dr	Add
		Sarasota, VA 34238	L Aud
			Remove
			Remove
			Change
			□ Remove
			□ Change
			Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			□ Change

				
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			<u>.</u> .	
fective date, if other than the d	late of filing:		(optiona	D
fective date, if other than the d in effective date is listed, the date must bote: If the date inserted in this blocomment's effective date on the Dep	ck does not meet the app	licable statutory fili	more than 90 days after filir ng requirements, this da	ig.) Pursuant to 605,0207 (te will not be listed as t
record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01 a.m	. on the earlier of:
September 8	2021	<i>,</i>		
/s/ David Costanzo				

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Typed or printed name of signee

Filing Fee: \$25.00