

h21 000140489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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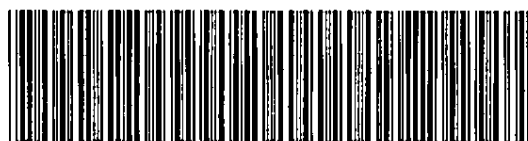
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN 13 PM 1:23

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DLC 1, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine P. Decunto

Name of Person

Durant, Schoepfel & Decunto, P.A.

Firm/Company

6550 St. Augustine Road, Ste. 105

Address

Jacksonville, FL 32217

City/State and Zip Code

pdecunto@ds-law.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine P. Decunto

Name of Person

at ( 904 ) 652-2600

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2022 JUN 13 PM 1:23

DLC 1, LLC

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/25/21 and assigned  
Florida document number L21000140489.

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 "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(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

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gayle B Dixon	4230 Ortega Blvd.	<input type="checkbox"/> Add
		Jacksonville, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	On Board B, LLC	4230 Ortega Blvd.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Holeva	8653 Villa San Jose Dr E	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natalie Kennedy-Haw	4933 Blackhawk Drive	<input checked="" type="checkbox"/> Add
		St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	E. Roger Winchester	12075 San Jose Blvd.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
TALLAHASSEE, FL

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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 June 6, 2022

        
Signature of a member or authorized representative of a member

**Gayle Bulls Dixon as Manager of On Board B, LLC, authorized member**

Typed or printed name of signee

**Filing Fee: \$25.00**