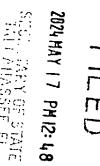


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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	DSR Publish	hing, LLC		
SUBJE	СТ:	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		Dennis C Hoffer		
			Name of Person	<del> </del>
		DSR Publishing, LLC		
			Firm/Company	
		8417 SE 162nd Street		
			Address	·
		Summerfield, FL 34491		
		77boilermaker77@gmail.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Dennis	C Hoffer		570 847-6354	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
IE \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sect	cion

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSR Publishing, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rented Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
loffer Creations, LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u></u>		
		<u> </u>	1024
			HAY H
nter new mailing address, if applicable:		33	
Mailing address MAY BE A POST OFFICE BOX)		SSC	_ III
,	<u> </u>	mo:	$\frac{1}{2}$
		7.25	£ 8
B. If amending the registered agent and/or registered of	fice address on our records, e	াণ nter the name	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
		_, Florida	
	Сиу		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>	Address	Type of Action
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		<del></del>	⊡Remove
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	2/12/2024		
ective date, if other than the	3/12/2024	(optional)	
effective date is listed, the date must	be specific and cannot be prior to date of	f filing or more than 90 days after filing.) Pursuant	to 605,020
te: If the date inserted in this blo nument's effective date on the De	ick does not meet the applicable star	tutory filing requirements, this date will not b	e listed a
ament's circente date on the De	partition of state's records.		
cord specifies a delayed effective s filed.	date, but not an effective time, at I	2:01 a.m. on the earlier of: (b) The 90th day	y after the
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March 12	2024		
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