21000274492

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
———·
Special Instructions to Filing Officer:

Office Use Only



700395229107

2022 OCT -- 5 PH 1: 50

2022 OCT -5 AM 9: 25

A. BUTLER OCT - 6 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/05/22

NAME:

DKC DEVELOPMENT LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

DocuSign Envelope ID: 7782641B-7ED5-4C3D-8033-71169D559B9F CUVER LETTER

TO: Registration So Division of Cor			
OUD IF OF	ELOPMENT LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	DAVID CLEMENS		
		Name of Person	
	DKC DEVELOPMENT L	LC	
		Firm/Company	
	2541 N. DALE MABRY I	HIGHWAY, #126	
		Address	
	TAMPA, FL 33615		
		City/State and Zip Code	
	david@dkelending.com	to be used for future annual report not	ification
For further information c	oncerning this matter, please c	·	
Kyle A. Delgado, Esq.		516 300-3055	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C	orporations	Division of Co	rporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 7782641B-7ED5-4C3D-8033-71169D559B9F

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	السيط سيمان د د د ≎
DKC DEVELOPMENT LLC	2022 OCT -5 AM 9: 26
(Name of the Limited Liability Company	as it now appears on our records.)
(A Florida Limited Liab	as it now appears on our records.) SECRETARY OF STATE TALLAHASSEE, FL and assigned
	COTOLLAHASSEE, EL
The Articles of Organization for this Limited Liability Company we	ere filed on 00/11/2021 and assigned
Florida document number L21000274492	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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)	
~	
n	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registered</u>
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.

City

DocuSign Envelope ID: 7782641B-7ED5-4C3D-8033-71169D559B9F 11 amending 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	<u>Address</u>	Type of Action
MGR	MICHAEL JONES	1562 CHATEAUX DE VILLE CT	
		CLEARWATER, FL 33764	_
			□Change
		_	
			□Remove
			□Change
			□Add
			□Remove
			□Change
-			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		_			
		-			
			· 	<u> </u>	
-				<u></u>	
	<u> </u>				
	 .	·			
					
				<u> </u>	
					
					
				- .	
				-	
	<u> </u>		- <u>-</u> -		
Effective date, if other	than the date of fili	ing:		(option:	al)
(If an effective date is listed, the Note: If the date inserted	ie date must be specific a	and cannot be prior to	o date of filing or more	than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207 are will not be listed as a
document's effective date	on the Department o	f State's records.		equiterness, time to	ite mii not be natel aa
he record specifies a delaye ord is filed.	d effective date, but n	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
		2022			
October 4th					
Dated October 4th		_ ` 	_ `		
	itus	_ ·	ized representative of		

Filing Fee: \$25.00