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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)298-0845 Fax Number : (614)573-3996

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 RESIGN D.B.E. MANAGEMENT, LLC

Certificate of Status	0
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Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.B.E. MANAGEMENT, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.21000300514	mpany were filed on June 29, 2021 a	ndassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ญ่อ		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviat	fon "L.L.C."
Enter new principal offices address, if applicable:	13387 Bryan Road, Loxahatchee, FL 33470	
Principal office address MUST BE A STREET ADDRE	<u></u>	٠ (
		- ::[
Enter new mailing address, if applicable:	13387 Bryan Road, Loxaliatchee, FL 33470	
Mailing address MAY BE A POST OFFICE BOX)		ب ۽ پ
		, c.
3. If amending the registered agent and/or registered (office address on our records, enter the name of th	ne new registo
Name of New Registered Agent: n/a		
Name of New Registered Agent: n/a		
	Enter Florida street address	
Name of New Registered Agent: n/a		Code

Thereby 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.

To:

Page: 4 of 5

2023-01-23 16:10:25 CST

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			☐Change ←
			
			_ □Reniove 🤤
			□ Change
			□Add
			□Remove
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			🗆 Remove
			□Change
			🗆 Add
			□Remove



is to be a member-managed lin	nited liability compa	my."			
 					
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fective date, if other than the c	late of filing:			(optional))
n effective date is listed, the date must <u>ste:</u> If the date inscrted in this blo- cument's effective date on the Dep	be specific and cannot be ck does not meet the	ne prior to date o applicable stat	filing or more th	in 90 days after tilin	g.) Pursuant to 605.0207
coord specifies a delayed effective is filed	date, but not an effec	ctive time, at 1	201 am on the	cearber of (b) T	he 90th day after the
ted January 12	2023				
/s1Elizabeth Schneider					

Typed or printed name of signee