

L21000325878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

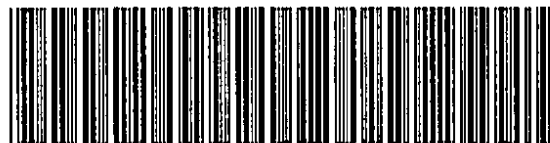
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DDS Dashboard, 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:

Ashly Mae Guernaccini, Esq.

Name of Person

At Cause Law Office, PLLC

Firm/Company

314 S. Missouri Ave, Ste. 201

Address

Clearwater, Florida 33756

City/State and Zip Code

ashly@atacauselaw.com

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

For further information concerning this matter, please call:

Ashly Mae Guernaccini, Esq.

727

477-2255

at (_____) _____

Name of Person

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

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDS DASHBOARD, LLC

(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 07/16/2021 and assigned Florida document number 1.21000325878.

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:

314 S. Missouri Ave, Ste. 201, Clearwater, FL 33756

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

314 S. Missouri Ave, Ste. 201, Clearwater, FL 33756

(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:

At Cause Law Office, PLLC

New Registered Office Address:

314 S. Missouri Ave, Ste. 201

Enter Florida street address

Clearwater

City

Florida 33756

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.

/s/ Ashly Mae Guernaccini

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 | Daniel Brown | 1531 Maple Street | <input type="checkbox"/> Add |
| | | Clearwater, Florida 33755 | <input checked="" type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Abruzzo Projects, LLC | 314 S. Missouri Ave, Ste. 201 | <input checked="" type="checkbox"/> Add |
| | | Clearwater, Florida 33756 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FL
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
ALLIANCE

100

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/23/2022

DocuSigned by:

Daniel Brown

513819257A244WY

Signature of a member or authorized representative of a member

Daniel Brown

Typed or printed name of signee

Filing Fee: \$25.00