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| SUBJEC | DS Develop | | | |
| 50131.0 | ·· | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | um all correspo | ondence concerning this matter | to the following: | |
| | | Daniel Dearing III | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 20 N Sand Palm Rd | | |
| | | | Address | - |
| | | Freeport, FL 32439 | · | |
| | | | City/State and Zip Code | |
| | | dsdevelopment5@yahoo.co | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furthe | er information c | oncerning this matter, please ca | all; | |
| Belinda V | | | 850 461-5580 at () | |
| | Name o | f Person | Area Code Daytim | re Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.0 | 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 | | Street Address: | |
| | Registration S Division of C | | Registration Se Division of Cor | |
| | P.O. Box 632 | = - | The Centre of T | |

Tallahassee, FL 32314

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

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

1221 SEP 17 AH 5: 29

DS Development, LLC

(Name of the Limited Liability Company as it now appears on our records

| The Articles of Organization for this Limited Lia | ibility Company | were filed on $\frac{07/23/20}{}$ | 021 and assigned |
|--|---------------------|-----------------------------------|--|
| Florida document number 1.21000334719 | · | | |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liah | oility company here: | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the design: | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 901 State Hwy 20 E | |
| Principal office address MUST BE A STREET | Ste 103 | | |
| The state of the s | | Freeport, FL 32439 | |
| | | P.O. Box 1072 | |
| Enter new mailing address, if applicable: | on to | Freeport, FL 32439 | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | |
| 3. If amending the registered agent and/or re igent and/or the new registered office address Name of New Registered Agent: | | address on our record | |
| N D 100° 11 | 901 State Hwy | | - |
| New Registered Office Address: | | Enter Florida st | reet address |
| | | | 22.120 |
| | Freeport | | , Florida ³²⁴³⁹ |

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 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 |
|---|----------------|---|----------------|
| MGR | Belinda Willis | 901 State Hwy 20 E Ste 103 Freeport, FL 32439 | = Add |
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| (optional) days after filing.) Pursuant to 605.0207 (sents, this date will not be listed as t |
| ier of: (b) The 90th day after the |
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| or |
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