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11/20/32--01023--008 **2

SEONE STATE

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations			
cun irot.	DRISCOLI	, CREATIONS LLC		•	
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		DAVID SEARCY MCGE	HEE JR.		
			Name of Person		
		-	Firm/Company		
		220 PONTE VEDRA PAR	RK DR. SUITE, 200		
			Address		(O
		PONTE VEDRA BEACH	, FL. 32082	Ī	
			City/State and Zip Code		177
		DAVID.MCGEHEEJR@O			
For further in	nformation c	n-mail address: t oncerning this matter, please c	to be used for future annual report n	otification)	 1 - 1 _{Cer}
DAVID MC		<u> </u>	904 483 - 6595	,,	: · · ·
		f Person	at ()	ime Telephone Number	
	Name o	rreison	Area Code Dayi	thie Telephone Milinber	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 l	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclo	
	iling Addres gistration S		Street Address: Registration S	Section	
Div	vision of C	orporations	Division of C	orporations	
	D. Box 632		The Centre of		
Tal	lahassee, I	*L 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA SULL Creations L	L C	 -		
(A Florida Limited	any as It now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 08.24.2021	and as		
Florida document number <u>L2100379 653</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	breviation "L.		
Enter new principal offices address, if applicable:	220 PONTE VEDRA PARK DR.			
(Principal office address MUST BE A STREET ADDRESS)	SUITE, 200			
	PONTE VEDRA BEACH, FL. 32082			
Enter new mailing address, if applicable:	220 PONTE VEDRA PARK DR.	, , , ,		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE, 200			
	PONTE VEDRA BEACH, FL. 32082			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	e of the new		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street address			
	Liner Franta siecei autress			
	, Florida	Zip Çode		
	¥	29 5		

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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, <u>enter the title, name, and address of each person or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type o
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (h). The 90th day and is filed. Dated NOVEMBER Z3 ZOZZ. Signature of a member or authorized representative of a member.							•	 -
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Filing Fee: \$25.00