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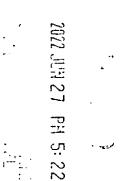
(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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c/ 9/20/2022

COVER LETTER

TO: • Registration Section

Division of Corporations

enbuct.	Date Former	11.0	
SUBJECT:	Name of Lim	LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	M Femano	Name of Person	
	,	Name of Person	
	Tax World	OF SW F Inc Firm/Company	
	3374 Dans	Lolo Circle	
	Cape Coral	F1 33909 City/State and Zip Code	
		of to be used for future annual report not	
For further information co	ncerning this matter, please c	all:	
M Fernana Name of	le 2 Person	at (<u>239</u>) <u>6.27</u> Area Code Daytin	7 - 4877
Enclosed is a check for the	following amount:		
\$\frac{1}{8}\$\$ \$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 Se	=	<u>Street Address:</u> Registration Se	ection
Division of Co P.O. Box 6327	orporations	Division of Co	rporations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D + K Frace LLC	2022 JUN 27 FH 5: 22
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L21000407344</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
The new name must be distinguishable and contain the words "Limited Liabili	-
Enter new principal offices address, if applicable:	3094 Champien Ring Rd #301
(Principal office address MUST BE A STREET ADDRESS)	3094 Champien Ring Rd #301 Fort Myers, Fl 33905
Enter new mailing address, if applicable:	Surge
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

M/A
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>	Address	Type of Action
	_N/A		
			□Remove
			□Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			Change

	N/A
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_	-
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<u>te:</u> II	e date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th d.
	Inne 15 . 2022.
ted _	40
ted _	Signature of a member or authorized representative of a member

E::: E 655.00