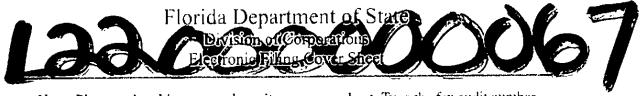
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Division of Corporations



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 Fax Number : (954)208-0845

**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 FOD MANAGEMENT LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOD Management LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
	ere filed on 12/21/2021	and assigned
Florida document number <u>L22000000067</u>		
briter new mailing address, if applicable: L22000000067 L220000000067 L220000000067 L320000000067 L320000000067 L4 amending name, enter the new name of the limited liability company here: DD Asset Management LLC: e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" of the abbreviation "LLC" o		
A. If amending name, enter the new name of the limited liability	ty company here:	
FOD Asset Management LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the	name of the new registered
Name of New Registered Agent:		-
New Registered Office Address:	Emer Florala street address	22
	, Florid	Zip Cade
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 geomply 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

Page; 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Michael T Raymond	7009 Shrimp Road, Ste 4	□Add
		Key West, FL 33040	
			⊞ Change
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			「TChange
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Page: 5 of 5

22023573	From: Lexus Wingo
Communicated 1	

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ffective date, if other than the dan effective date is listed, the date must	ck does not meet the applic	rable statutory filing requir	(optional) 90 days after filing) Pursuant to ements, this date will not be	605.020 listed as
ocument's effective date on the Dep				
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ocument's effective date on the Deprecent record specifies a delayed effective list filed.	date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) - The 90th day	after the
record specifies a delayed effective list filed. ated January 31	7 , 2022	·		after the
record specifies a delayed effective distilled. January 31	2022	·		after the