

h22000049748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900392165299

08/08/22--01030--004 **60.00

2022 AUG -8 PM 1:21

FILED

CAWS
8/26/22

1 2 3 4

**TO: Registration Section
Division of Corporations**

SUBJECT: DL Films 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:

David Lysvy

Name of Person

DL Films LLC

Firm/Company

10485 McAleer Rd

Address

Jacksonville, Fl. 322-46

City/State and Zip Code _____

contact@davidlysvy.com

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


For further information concerning this matter, please call:

David Lysyy	253	335-3679
	at ()	
<u>Name of Person</u>	<u>Area Code</u>	<u>Daytime Telephone Number</u>

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

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

DL Films 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 January 28, 2022 and assigned Florida document number 1.22000049748.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

D&E FILMS LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

2640 Abbotsford St

North Port, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2640 Abbotsford St

North Port, FL 34287

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:

New Registered Office Address:

2640 Abbotsford St

Enter Florida street address

North Port

City

Florida 34287

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.

If Changing Registered Agent, Signature of New Registered Agent


[illegible]

2022 AUG -8 PM 1:21
SECRET
1011

2022 AUG -8 PM 1:21

(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)

Dated August 4, 2022 at 12:00 P.M.



Signature of a member or authorized representative of a member

Typed or printed name of signee