L2200081719

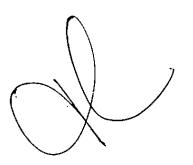
(Requestor's Name)	-
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(Document Number)	
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COVER LETTER

TO:

TO: Registration So Division of Cor					
	OLDINGS, LLC				
SUBJECT:	Name of Lim	ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GEORGE A. YOUNG, ES	SQ.			
		Name of Person			
	HOLMES & YOUNG, P./	١.			2
		Firm/Company		; -	023 /
	222 N. 3RD STREET			nati ahas	2023 AFR 26
		Address			6
	PALATKA. FL 32177			(j.)	PH I
	GYOUNG@HOLMESANI	City/State and Zip Code			84 II: 56
	•	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please ca	-			
GEORGE A. YOUNG		386 328-1111 at ()			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status	
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection		
Division of C	orporations	Division of Co	rporations		
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.E.A.L HOLDINGS, LLC		
(<u>Name of the Limited Liability Company</u> (A Fknida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L2200081719	ere filed on 02/21/2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
SIX C-S RANCH, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	-	2023
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		26 AH II: 56
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name o	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer rumaa sireet aaness	
	Florida	

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.

City

Zip Code

· 🥊 🔝

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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		200 201 100 101	
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o2/21/2022 an effective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.0207 uirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the listified.	e earlier of: (b) The 90th day after the
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Filing Fee: \$25.00