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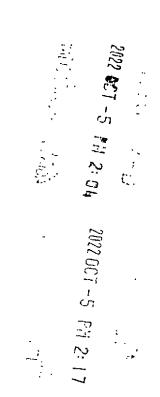
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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10/5/2022

COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT: DAC	HOLDING S OF Name of Limi	F ALLICATION POINTLLC led Liability Company
The enclosed Articles of Ar	mendment and fee(s) are subt	nitted for filing.
Please return all correspond	lence concerning this matter t	to the following:
	DAN	CAM PB E11 Name of Person
	DA'C HOLDING:	S OF ALLIGHTON POINT, LL.C. Firm/Company
		FOREST PR. Address
	TALLAHASS	EE FL 32303 City/State and Zip Code
	DANG TALLI E-mail address: (1	o be used for future annual report nonffication)
For further information con	cerning this matter, please ca	II:
DA-N (A A Name of P	MPBE71 erson	at (856) 339-7466 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:	
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananasce, i L	, JaJ17	2413 14. MOMOC SHEEL, BUILD OIL

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 CCT -5 PM 2: OAC HOLDINGS OF ALLIGHTON POINT, LL (
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 3-4-22 and assigned Florida document number L 2 2000 090495 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: DAN CAMPBELL

2033 E. FOREST DR

Enter Florida street address

TALLAHASSEE Florida 3230 3

City Zip Code Name of New Registered Agent: New Registered Office Address:

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MER	KATRINA WAZTON	1550 S. JEFFERSON ST	□Add
		MONTICEIRO FL 32344	DRemove
			□Change
MER	DAN CAMPBELL	2033 E. FOREST DA	PAGU PAGU
		TALLAHASITE FL 3230	<u>Z</u> □Remove
			□Change
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(If an ef <u>Note:</u>	ive date, if other than the date of filing: 8-31-202 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne recor	•
Dated	8-31-22 De-Co
	Signature of a member or authorized representative of a member
	DAN CAMPbell

Filing Fee: \$25.00