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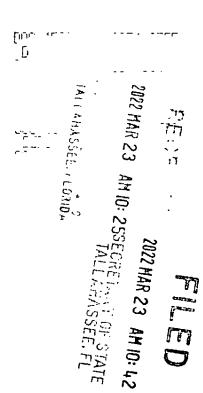
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	ect.	DIUREN	terprise LLC	
50001			ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Doug	Name of Person	
			Firm/Company	
		40	21 Morgan rd	
		T	Tallahassee FL 323. City/State and Zip Code	o5
		Pomich	to be used for future annual report not	NG
For fur	ther information co	oncerning this matter, please ca		meanon)
	Douglas	Jacs	at (850) 559 - b Area Code Daytin	191
	:Nante of	rerson	Area Code Daytin	ne Telephone Number
		c following amount:		
□ \$2;	5.00 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 23 AM 10: 42

DI23	Enter Pris	e LL	SĘÇRĘ!	FIRY DE STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear nability Company)	rs on our rec	ords.)	ATTASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number \(\L \ 2700 \ 15985	were filed on	3-22	(-22	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company ho	ere:		
DLT 3 LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the c	lesignation "I	.LC" or the abb	reviation "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 a agent and/or the new registered office address here:	address on our r	ecords, <u>en</u>	ter the name	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flo	rida street ad	dress	
			Florida	
	City	- 		Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr 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 company has been notified in writing of this change.	performance op provided for in	(my duties Chapter 60	, and I am f 05, F.S. Or,	amiliar with and if this document is

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</u> being <u>added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			Remove
		-	□Change
			□Add
			Remove
			Change
			DAdd
			□Remove
			□Change

	,
(If an e Note	tive date, if other than the date of filing:
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	3-23-22
	fignature of a member or authorized representative of a member
	Douglas Jones Typed or printed name of signee

Filing Fee: \$25.00