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SECRETARY OF STAIL

COVER LETTER

TO:

	istration Sec ision of Corp			
SUBJECT:	DPC Family			
SUBJEC. I			ited Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Daniela Castro		
			Name of Person	
			Firm/Company	.
		8433 NW 47th Drive		
			Address	
		Coral Springs, FL 33067		
			City/State and Zip Code	
		carolinacastro l 164@hotmai		
		E-mail address: (to be used for future annual report	notification)
For further in	iformation co	oncerning this matter, please ca	all:	
Paola Castro			954 708-9271 at ()	
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 25 PM 12: 23

DPC Family LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/29/2022}{1}$ ____ and assigned Florida document number 1.22000152897 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Daniela Castro	9463 Savannah Estates Drive	= Add
		Lake Worth, FL 33467	□Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			Remove
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Signature of a member of authorized representative of a member	·m·		
		Signature of a momber of authorized representative of a	member
Paola Castro	Paola Castro		

Filing Fee: \$25.00