## L22000174257

| (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: |
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LLAHASSEE, FLO.

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## **COVER LETTER**

| TO:      | Registration Se<br>Division of Cor |  |   | •   |
|----------|------------------------------------|--|---|---|
| SUBJE    | ССТ: <u>ОК</u>                     | SLOBAL LLC<br>Name of Lim                    | ited Liability Company  |   |
| The end  | closed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please   | return all correspo                | ndence concerning this matter                | to the following:   |   |
|          |                                    | TULLIET C.                                   | OKEKE<br>Name of Person   |   |
|          |                                    | DK GLOBAL                                    | Firm/Company  | <del></del>   |
|          |                                    | 1772 CHAPIN                                  | L ANE<br>Address  | <del> </del>  |
|          |                                    | OCIAHOO, FL.                                 | 32825<br>City/State and Zip Code  | ·   |
|          |                                    | adeyemosoni<br>E-mail address: (             | G LECC (MOIL · C OM<br>to be used for future annual report not            | ification)  |
| For furt | her information co                 | oncerning this matter, please ca             | all:  |   |
|          | Name of                            | Person                                       |   | 5846<br>ne Telephone Number   |
| Enclose  | d is a check for th                | e following amount:                          |   |   |
| ጃ \$25   | .00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| (Name of the Limited Liabi<br>(A Florid                         | lity Company as it now appears on o<br>da Limited Liability Company) | ur records.)                             |  |
|---|--|--|--|
| The Articles of Organization for this Limited Liability         |  |  |  |
| Florida document number <u>L22000176257</u>                     | ·  |  |  |
| This amendment is submitted to amend the following:             |  |  |  |
| A. If amending name, enter the new name of the lin              | nited liability company here:  |  |  |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designa                                | tion "LLC" or the abbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:             |  |  |  |
| (Principal office address MUST BE A STREET ADD                  | RESS)  |  |  |
|   |  |  |  |
|   |  |  |  |
| Enter new mailing address, if applicable:                       | <del></del>  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                      | <del></del>  |  |  |
|   | <del> </del>   |  |  |
| B. If amending the registered agent and/or registere            |  | ls, enter the name of the new registered |  |
| agent and/or the new registered office address here:            |  |  |  |
| Name of New Registered Agent:                                   | <del> </del>   |  |  |
| New Registered Office Address:                                  |  |  |  |
|   | Enter Florida street address   |  |  |
|   | City   | , Florida<br>Zip Code                    |  |
|   | ~~,*   | sul come                                 |  |

## 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 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  |
|--------------|----------------------|---------------------|-----------------|
| warager      | OMEYERA MASSAN YOUST | 2772 CURPIN LANE    | □ Add           |
|              |                      | ORLANDO, FL . 32825 | <b>⊠</b> Remove |
|              |                      |                     | □Change         |
| <del></del>  |                      |                     | □ Add           |
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|              |                      |                     | □Remove         |
|              |                      |                     | □ Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member TULLIET C. OKEKE
Typed or printed name of signee