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## **COVER LETTER**

TO: Registration Se Division of Cor			
DBCondo1	,LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diane Baker		
		Name of Person	<del></del>
	DBCondo1,LLC		
	Firm/Company 644 Williamsburg Dr.		
	644 Williamsburg Dr.		
	<del>-</del>	Address	
	Daytona Beach, FL 32117		
		City/State and Zip Code	
	DBCondo1@yahoo.com	to be used for future annual report no	differentian)
For further information of	encerning this matter, please c		mication
Diane Baker		267 228-3155	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	ロレ 3431年	Z4 ( J. IV. IVIOI))	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DBCondoLLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) PALLAHARRA FLORDA The Articles of Organization for this Limited Liability Company were filed on  $\frac{4/18/2022}{1}$ and assigned Florida document number 1.22000183275 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DBCondo Services,LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 644 Williamsburg Dr Enter new principal offices address, if applicable: Daytona Beach, Fl 32117 (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

City

\_, Florida \_\_\_

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>	Address	Type of Action
MGR	Diane Baker	644 Williamsburg Dr.	≡Add
		Daytona Beach,FL. 32117	□Remove
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