L22 000 273541

(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor						
	PANY, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please return all correspo	ondence concerning this matter t	to the following:				
	CANDLL GRAY					
		Name of Person				
	EMERALD COAST PERM	AITTING, INC.				
-		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
249 MACK BAYOU LOOP, SUITE 102						
	SANTA ROSA BEACH, FL					
		City/State and Zip Code				
	candigray@ecpermits.net	to be used for future annual report notif	fication)			
For further information of	concerning this matter, please ca	•				
CANDI I GRAY		850 837-7444 at ()				
Name o	of Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for t	he following amount:					
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.			
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address:				
Registration Section		Registration Sec				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327		THE CERTIE OF T	ananassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSL COMPNAY, LLC (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 06/15/2022 Florida document number 1,22000273541 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ___

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.

N/A

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>	Address	Type of Action
MBR	LOJA AREVALO, TANIA PAOLA	3176 HWY 98 WEST	\ \ \
		MARY ESTHER, FL 32569	Remove
			□ Change
, <u>.</u>			□Add
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		: (Attach additional sheets, if nece	
			
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Effective date, if other than the state of t	ust be specific and cannot be prior block does not meet the applications.	(option to date of filing or more than 90 days after able statutory filing requirements, this	filing.) Pursuant to 605.0207 (3
ne record specifies a delayed effectord is filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022		2022
	N Soils Mo	up	2022 JUL 14 PM
	Signature of a Hember or author, SR.	orized representative of a member	E.F.

Typed or printed name of signee