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Division of Corporations

Fax Number : (850)617-6383

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DAFLOC LLC**

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JUN 2 6 2023

COVER LETTER '

то:			:	
		LLC		
SCDSE	CI	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: yenne Moseley Name of Person alzoom.com, Inc. Fitm/Company N Brand Blvd 11th fl Address adale, CA 91203 City/State and Zip Code colf@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (
			Address	
		Glendale, CA 91203		
SUBJECT The enclos Please retu Cheyenne (Cheyenne)			City/State and Zip Code	
		PLOC LLC Name of Limited Liability Considers of Amendment and fee(s) are submitted for filing correspondence concerning this matter to the following Cheyenne Moseley Name of P Legalzoom.com, Inc. Firm/Com 101 N Brand Blvd 11th Fl Addres Glendale, CA 91203 City/State and defrice01@gmail.com E-mail address: (to be used for futuration concerning this matter, please call: Sy Name of Person Refer of States Sy State of States Refer of States Sy Sy Refer of Person Refer of States Sy Sy Refer of States Sy Sy Refer of States Certificate of States Certified		
For furth	ner information co		·	(eation)
	ne Moseley	, and a second s	800 773-0888	
	Name o	Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e following amount:		
□ \$ 25.	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAFLOC LLC		
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.22000384720	lity Company were filed on 09/01/2022	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or in registered agent and/or the new registered office	registered office address on our records, enter	the namesof the n
registered agent and/or the new registered office	address here.	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		. P
	Enter Florida street address	5 · 5
	, Florida	, oi
	Cuy	Zip Code

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher E. Windsor	400 N. Park Ave., STE 10-B Box 478 Breckenridge, CO 80424	
			□ Remove
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Note: If	e date, if other than the date of filing: (optional) tive 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 605.0 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	1207 (1 as t
ne reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier poth day after the record is filed.	r of:
Dated	June 12th 2023	
	Signature of a member or authorized representative of a member	

Page 3 of 3

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