

L220004

10393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

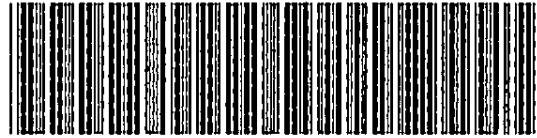
(Business Entity Name)

(Document Number)

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FILED  
2022 NOV -8 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

Registration Section  
Division of Corporations

CT: DACE ENTERPRISE LLC  
Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

turn all correspondence concerning this matter to the following:

EDDIT CADET  
Name of Person

DACE ENTERPRISE LLC  
Firm/Company

6247 SHADOW TREE LN  
Address

LAKE WORTH, FL 33463  
City/State and Zip Code

ECADDET@ME.COM  
E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

DDIT CADET at (561) 239 9507  
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$0 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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

TO  
ARTICLES OF ORGANIZATION  
OF

DACE ENTERPRISE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 9/20/22 and assigned document number L22000410393

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Home office address MUST BE A STREET ADDRESS

New mailing address, if applicable:

Home address MAY BE A POST OFFICE BOX

Changing 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

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

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TALLAHASSEE, FL

**: Manager**  
**= Authorized Member**

**: Manager**  
**= Authorized Member**

[illegible]

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

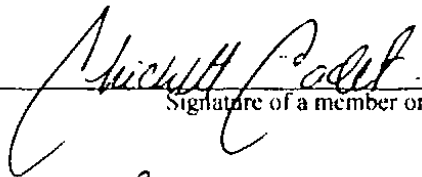
ive date, if other than the date of filing: 10/1/22 (optional)

ffective 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)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
ent's effective date on the Department of State's records.

d 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  
led.

NOVEMBER 4, 2022.



Signature of a member or authorized representative of a member

CHICHETTE CADET

Typed or printed name of signee