## L22000447150

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: FF DASH	OT FUND LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jake Felman		
		Name of Person	
	Florida Funders		
		Firm/Company	
	1311 N Westshore Blvd S	Suite 101	
		Address	
	Tampa, Florida 33607		
	1 100 110 1	City/State and Zip Code	
	legal@floridafunders.com	n to be used for future annual report notif	& <del></del>
For further information co	oncerning this matter, please c	•	neation)
To further anomation ex	oncerning this matter, piease c	ui.	
Jake Felman		at (813) 774-2582 Area Code Daytime	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FF Dashot Fund LLC					
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appear lability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	10/17/2022	and assigned		
Florida document number <u>L22000447150</u>					
This amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited liabi	lity company he	ere:			
FF DASHBOT FUND LLC					
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."		
inter new principal offices address, if applicable:	<del> </del>		2025 FEB 19 PM 12: 38		
Principal office address MUST BE A STREET ADDRESS)		<u></u>	<u> </u>		
			FEB 19 P		
			me <del>a</del>		
inter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		55 55 <b>ω</b>		
Thining university Day, 1 001 01 1 100 Doing		· · · · · · ·			
<ol> <li>If amending the registered agent and/or registered office a gent and/or the new registered office address here;</li> </ol>	ddress on our r	ecords, <u>enter the na</u>	me of the new registe		
Name of New Registered Agent:					
New Registered Office Address:					
· <del></del>	Enter Flor	rida street address			
		. Florida			
	City		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 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>	<u>Address</u>	Type of Action
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			□Remove
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Effective date, if other If an effective date is listed. Note: If the date inserte document's effective date	the date must be specific ed in this block does no	and cannot be prior of meet the applic	able statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to 6	05.0207 isted as	(3 th
e record specifies a delay	ed effective date, but	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b	) The 90th day at	iter 📆 e	
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