

To:

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Electronic Filing Menu Corporate Filing Menu

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Page: 3 of	6 2023-0	06-01-11:46:15 CDT	15125973041	From, James Wiseman
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		COVER LETTER		
TO: Registration S Division of Co	ection rporations			÷.
·-••	LABZ LLC		÷	
SUBJECT:		mited Liability Company		
	•	·····		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
	ondence concerning this matte	-		
	-	Ū		
	Cheyenne Moseley			
	_	Name of Person		
	Legalzoom.com, Inc.			
Firm/Company				
101 N Brand Blvd 11th Fl				
Address				
	Glendale, CA 91203			
		City/State and Zip Code		
	payment@dcbolt.com	(to be used for future annual report	notification	
For further information of	concerning this matter, please (
Cheyenne Moseley	,,	800 773-088	o	
	of Person	at ()	ytime Telephone Number	-
Haine		Area Code Da	ynme Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee &	🗏 \$55.00 Filing Fee &	□ \$60.00 Filing F	'e c ,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Copy (additional copy i	
Regist	ING ADDRESS:	Registration Se		
Division of Corporations P.O. Box 6327		Division of Co Clifton Buildin	rporations	
	assee, FL 32314	2661 Executive Tallahassee, Fl	: Center Circle	

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To:

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DCBOLT LABZ 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 <u>11/10/2022</u> and assigned Florida document number <u>L22000482031</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DCBolt Properties LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Malling 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	
	, Flor	ride
	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 Changing Registered Agent, Signature of New Registered Agent

Pege:5 of 6

To:

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2023-06-01 11:46:15 CDT

15125973041

From. James Wiseman

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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>	Name	Address	Type of Action
			O Add
			O Remove
			Change
			🛛 Add
			Remove
		·	O Change
			🖸 Add
			C Remove
			Change
			🖸 Add
-			🗍 Remove
			Change
		······	🗆 Add
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		·····	Change
			🖸 Add
			Remove
			Change

			idditional sheets, if necessary.)	
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(If an effective 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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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If the record 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 record is filed.

Dated	05/01	2	<u> </u>	
	/	Art	Unlatt	
		anature of a member or auth	ionzed representative of a member	

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Caitlin Wambolt

To[.]

Typed or printed name of signee

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