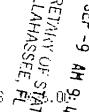
L23000002746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2024

ZACHARY R. ROTH 8818 GOODBYS EXECUTIVE DR JACKSONVILLE, FL 32217

SUBJECT: DIAL SQUARE PARTNERS LLC

Ref. Number: L23000002746



Letter Number: 324A00018603

We have received your document for DIAL SQUARE PARTNERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Divi	ision of Cor			
CHDICZT	-	ARE PARTNERS 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:	
		Zachary R. Roth		
		-	Name of Person	
		Ansbacher Law, P.A.		S >
			Firm/Company	TA
		8818 Goodbys Executive I	∂r.	SEP RETA LLAI
			Address	9
		Jacksonville, FL 33217		2024 SEP -9 AM 9: 47 SECRETARY OF STATI TALLAHASSEE, FL
			City/State and Zip Code	F + 9: 4
		sunbiz@ansbacher.net		त्म ।
			to be used for future annual report notification)
For further in	formation c	oncerning this matter, please co	all:	
Zachary R. R	Roth		904 7374600 at ()	
	Name o	f Person	Area Code Daytime Telepl	none Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Addres gistration S ision of C Box 632 lahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et. Suite 810

Doc ID: 36becee43111568abd808fb9fa3c754cbf1a9ea5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000002746}{L23000002746}$.	were filed on 12/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	SE 20
The new name must be distinguishable and contain the words "Limited Liabii Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or t	EP+9 ETARY LAHAS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM 9: 47 DF STATE SEE, FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	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

Page 1 of 3

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
Mrg	Brett Rothberg	8818 Goodbys Executive Dr.	□Add
		Jacksonville, FL 32217	□Remove
			■ Change
			□ Add
			2024 SEP -
			2024 SEP -9 AM 9: 以7 SECRESARY OF STAFE TALLSHASSEE, FE
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

Page 2 of 3

D. If amending any other informat	on, enter change(s) nere.	- Amach additional st	iceis, y necessary.)	
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			_	
				20 SE
			· · ·	2024 SEP SECRETA
				TARY OF
				AF 9
		<u></u>		9: 47 STATE STATE
	_			
E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior to ck does not meet the applica			
If the record specifies a delayed (b) The 90th day after the reco		an effective time,	at 12:01 a.m. on the	e earlier of:
August 30 Dated	2024			
	BAR			
	Signature of a member or author	ized representative of a mo	ember	
Brett Rothberg	Typed or printed	I name of signee		

Page 3 of 3

Filing Fee: \$25.00