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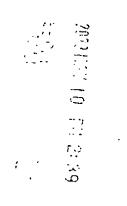
(Requestor's Name)
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(Document Number)
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT DAGS	Productions 1	'LC	
SUBJECT: <u>170007</u>	Productions 1 Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Jer	Se Dung Name of Person	
	4211 NW 170	Firm/Company 5th Street	<u> </u>
		Address	28.23 E. 10 28.23 E. 10
	jessemurph E-mail address: (FL 32669 City/State and Zip Code eylunna gmail. Coto be used for future annual report notions.	fication)
For further information co	oncerning this matter, please co		· 18
Jesse Du Name o	AAA f Person	at (<u>352</u>) <u>262</u> Area Code Daytim	- 9789 c Telephone Number
Enclosed is a check for th	ne following amount:		
≰ \$25.00 Filing Fee	□ \$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	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

110

Dura Ponduct	tions LLC			_		
(Name of the Limited Liability C	lompany as it now apper mited Liability Company)	ars on our records.)				
The Articles of Organization for this Limited Liability Com	npany were filed on _	02/06/2027	an	d assigned		
Florida document number <u>L23000966646</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability company	<u>here</u> :				
The new name must be distinguishable and contain the words "Limited	Hability Company." the	designation "LLC" or the ab	breviati	on "LA.C."		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u>55)</u>		·			
	·· -		···	20		
Enter new mailing address, if applicable:				යි ::-		
C						
(Mailing address MAY BE A POST OFFICE BOX)	 -					
B. If amending the registered agent and/or registered of	office address on our	records, enter the nan	ie of tl	ne new registere		
agent and/or the new registered office address here:			٠,	Ğ		
Name of New Registered Agent:						
New Registered Office Address:			•			
	Enter I	lorida street address				
	, Flor					
	City		Ziμ	(Code		
New Registered Agent's Signature, if changing Registered						
Thereby accept the appointment as registered agent ar	id agree to act in th	is capacity. I further as	ree to	comply with th		

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 heing 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>	Address	Type of Action
MGR	Jesse Dunn	4211 NW 170th street	∑ i∧dd
		Newberry, FL 32669	□Remove
			□Change
			□Add
			□Remove
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cument's effe	ctive date o	n the Departm	ent of S	tate's reco	rds.	•					
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Filing Fee: \$25.00