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S. PRATHER

TO: SUNDIZ Representative

FROM: William Rantin

Phone # 407-461-3846

Subject: Is Change of Registered

Subject; Whauge of Registered
Agent and P.O Box change etc.
2.) (hauge of Manager Member
3.) Add z manager:

If I did Not complete what you need or anything that does Not make sense Please Call Me!

William Rautin

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	DCLH LLG Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Will	liam Ranti	N
		Name of Person	
	PO BO	Firm/Company	
		Address	
	Genel	12, FC 327	32
	Closer	Address Address A F 327 City/State and Zip Code P 9 A @ Ear + h /	ink. Net
	E-mail address: (t	o be used for future annual report notil	ication)
	concerning this matter, please ca		
Will	law Kantin	at (<u>407</u>) 46/	- 3846
Name e	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO

ARTICLES OF C	DRGANIZATION E	569# 6 ' 18 fo
DCLH LLC	· · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000245716</u> .	were filed on $\frac{5/18/2023}{2023}$ and assign	en red or
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi F.nter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tity Company," the designation "LLC" or the abbreviation "L.L.C" 700 Maxwell Cfr Geneva, F2 32732	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 10 6- eNEVA, FL 32732	<u>੨</u>
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 re	egistered
Name of New Registered Agent: 700 Waxwell New Registered Office Address:		D
	Enter Florida street address Cerveva Florida 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

Note: Mailing Address is POBOX 10 Geneva, FL 32732

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 1002 SILVER PLLM L.W.	Type of Action
MGR	BRUCE SCHWEIZER	MATTLAND, FL. 32751	🗆 Add
			X Remove
		700 Margial (+	□Change
MGR	William Fantin	700 Haxwell Ct. Geneva, FZ 32732	X Add
			□Remove
		- Marcall Ct.	□Change
MER	Kerri Rankin	700 Maxwell Ct. Geneva, PZ 32732	Add
			□Remove
			□Change
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1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Note', We do Not get Mai/at 700 i		<u>e</u> [[
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Effective date, if other than the date of filing: //- \$\frac{9}{2029}\$ (optional) (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date value document's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ord is filed.	90th day af	~7
Dated		9641 01 18
Mu		
Signature of a member or authorized representative of a member William Raukin	: 21	<u></u>
Typed or printed name of signee		00

Filing Fee: \$25.00