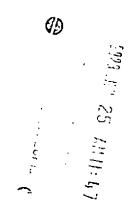
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations					
SUBJECT: DC		es LLC led Liability Company	<u></u>			
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.				
	ndence concerning this matter t					
r lease return an correspon	indence concerning this matter of	w the knowing.				
	Sterling S	Se. ZeC+				
	<del></del>	Name of Person				
		Firm/Company				
		۱ ۱ ر				
	101 Markets,	de Ave STE 40 Address	<u> </u>			
	Tonte Vedr	FL 32081  City/State and Zip Code				
	E-mail address: (1	ort 83 @gmq. h Com	(fication)			
For further information e	oncerning this matter, please ea					
Sh. d' 5.6	7. /1	425-	6546			
Name o	f Person	$\frac{1}{\text{Area Code}} = \frac{425}{\text{Daytin}}$	ne Telephone Number			
Enclosed is a check for th	ne following amount:					
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,			
_ vzs.ks r ming r v	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration S		Registration Section Division of Corporations				
Division of C P.O. Box 632	-	The Centre of	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Tune 15, 3023 and assigned
Florida document number <u>L 23000 2899 05</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Elimited Etability Company. The designation of the words to the above the ab
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing 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
, Florida
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

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
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cord s s filed		delayed c	ffective date	, but not an	effective tin	ie, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day	after th
ed	7	TULY	25		<u> </u>	_ ·				
			Signa	ture of a men	ther or author	ized represent	ative of a mem	ber		_

Filing Fee: \$25.00