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Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: DB/	collection	ins LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
	ndence concerning this matter		
	Dylan Br	ion Kitchens	;
	Aluminu	Name of Person	
		Firm/Company	
	3821 cullen	5+ Address	• • • • • • • • • • • • • • • • • • •
	New Port Rice	City/State and Zip Code Profession to be used for future annual report notif	1db/3/128agmil.com
For further information co	ncerning this matter, please ca	to oc used for fattare aimual report notif	ication)
Dylan Kita	hen5	at (813) - 360-E	5642
✓ Name of l	rerson	Area Code Daytime	Telephone Number
Englosed is a check for the	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 Address: Registration Se Division of Co P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBK Coll	ections	11.			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appe Liability Company	ears on our records	<u>)</u>	
The Articles of Organization for this Limited L Florida document number 2300324	iability Company	were filed on <u>(</u>	27/10/2025	}	and assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company	here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	designation "LLC"	or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	able:	·		· · ·	
(Principal office address MUST BE A STREE	T ADDRESS)	_ .			
				•	
					I :
Enter new mailing address, if applicable:			_	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE)	BOX)			i i i	U1
		- .			
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here:	address on our	records, <u>enter tl</u>	he name of	the new registered
Name of New Registered Agent:	Dylon	Brian	Kitchen	15_	
New Registered Office Address:	<u> </u>	. <u>. </u>			
		Enter Flo	orida street address		
	-		, Flor		
		City		Zi	o 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
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tive date, if other than the (late of filing:		14	optional)	
fective date is listed, the date must If the date inserted in this bloom	be specific and cannot be prior	r to date of filing or	more than 90 days	after filing)	Pursuant to 60:
nent's effective date on the Dep	partment of State's records	i.	ng requirements	, tills date v	viii not be iist
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rd specifies a delayed effective led.	date, but not an effective t	ime, at 12:01 a.m	on the earlier o	f: (b) The	90th day afte
08/13/2024					
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