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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Linky Name)
(Document Number)
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11/13/23--01010--022 **25.00

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: D-BO	II HOOP S	Kills LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Dwayne	Name of Person	
	D-Ball	HOOP SKILLS	LLC
	2131 Lak	e Debla Oh M	AP+1117
	Orlando	City/State and Zip Code	
	DWAYNET E-mail address: (i	vent 760 /cha	cation)
For further information con	cerning this matter, please ca	ill:	
Dua Me Name of P	Trent	at (631) 300 (Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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	ction	Street Address: Registration Sec	tion
Division of Cor	rporations	Division of Corp	orations
P.O. Box 6327		The Centre of Ta	manassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	Duayne Trent	2131 lake Debra Dr	DZAdd
	·	AP+ 1117, 0x-land +13	KS Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Chango

Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.
Dated NOVEMBER 16th 2023
Signature at a member or authorized representative of a member
Desay Des