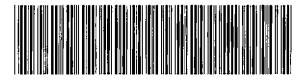
L23000420703

(Requestor's Name)	
(Address)	
(Address)	
(/1001033)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

SUBJECT: DSF Retire:			
	Name of Lim	nited Liability Company	ţ
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	٠.
Please return all correspo	indence concerning this matter	to the following:	·
	Daniel S. Friebis		
		Name of Person	
	Friebis & Associates		
		Firm/Company	
	3890 Turtle Creek Drive S	uite B	
		Address	
	Port Orange, FL, 32127		
		City/State and Zip Code	
	dan.triebis@kyrstin.net	to be used for future annual report notif	fication)
For further information e	oncerning this matter, please c	·	
Daniel S. Friebis		386 316-9178	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	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 Address:

TO:

Registration Section Division of Corporations

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 ORGANIZATION OF

2023
d:15
19
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The Articles of Organization for this Limited Liability Company were filed on September 8, 2023 and assigned Florida document number L23000420703

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviation "LLC."

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 agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MBR	NuView Trust Co Custodian FBO I	280 S Ronald Regan Boulevard. Suite 200	
		Longwood, FL. 32750	□Remove
			□Change
			□Add
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record specifies a d l is filed.	elayed effective da	ite, but not ar	effective tir	ne, at 12:01 :	i.m. on the ea	rlier of: (b)	The 90th	day after the
			2023					
September 11				/				
ated September 11		-/ $($	100 /	_/				

Filing Fee: \$25.00