L23000426210

Office Use Only



400416340944

09/28/23--01014--008 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Anchored Orlando LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dylan Grace Name of Person	
Name of Person	
Firm/Company	
5448 N Dean Road	
5446 N Dean Road Address Orlando / Florida 32817 City State and Zip Code anchoredorlando @gmail.com	
an charedorlando @gmail.com	
For further information concerning this matter, please call:	
Name of Person at (727) 612 -5910 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (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 ORGANIZATION OF

Archared Orlando LLC 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 $\frac{9/13/2023}{}$ and assigned Florida document number _ L 23000 42 6210 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DGBUILDCO The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 <u>__</u>

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

or remo	ett it that i cett di		
11CD			
MGR =	Manager		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		
			□Remove
			Change
			□Add
			□Remove
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		2000	□Add
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			□Add
			□Remove
			□Change

ve date, if other than the date of filing:
I 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 ed.
9-25-2023
Du h
Signature of a member or authorized representative of a member Dylan Grace