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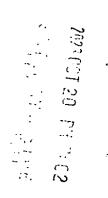
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations		•	«		
SUBJECT: DB FC	arms Ll	LC			
		nited Liability Company			
The enclosed Articles of Amendmen	nt and fee(s) are sub	omitted for filing.			
Please return all correspondence cor	ncerning this matter	to the following:			
<u>.</u>	layden	Name of Person			
101	3 Farms	Firm/Company			
28	29 NW 57	Znd terr Address			
	iargate,	FL 33063 City/State and Zip Code)	<u>:</u> `	26
	E-mail address:	SO Comal Com to be used for future annual	report notification)		
For further information concerning t					MCCT 20
Houden Ther		at (954_)_ 8	29-9570		777 70
Name of Person		Area Code	Daytime Telephone	Number	7: (2
Enclosed is a check for the following	e amount:				
□ \$25.00 Filing Fee □ \$30.0	00 Filing Fee & tificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end	closed) C	60.00 Filing Fee Certificate of Sta Certified Copy additional copy is en	tus &
Mailing Address: Registration Section Division of Corporatio	ne		ddress: ation Section n of Corporations		
Problem of Corporatio	IID	DIVISIO	ri or corborations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company lorida document number <u>L23000436747</u> .	were filed on 10/18	$\frac{3}{2023}$ and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	, (- 5		
nter new principal offices address, if applicable:		(T)		
Principal office address MUST BE A STREET ADDRESS)		-1		
The partition of the authors with the state of the state		· · · · · · · · · · · · · · · · · · ·		
		7) 70		
nton now mailing address if applicables				
nter new mailing address, if applicable:		12 2		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Code		

eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany 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 Type of Action **Address** <u>Title</u> <u>Name</u> MGB Brian Blount 95 Aver Mist Dr. St Augustine; BAdd _____ Change □Remove Remove - Change _∰Add Remove _ 🗆 Change _____ Change □ Remove

_____ Change

		
		
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		- 10
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more the te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	optional) nan 90 days after filing.) Purs nuirements, this date will	uant to 605.020' not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	e earlier of: (b) The 90t	h day after the
ted <u>October 18</u> , <u>2023</u> .		
· .		