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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: | Registration Sec Division of Corp | orations · | | |
|---|--------------------------------------|--|--|---|
| SUBJE | DC DC | Life Solution | 5 LLC | |
| SUBJE | C1 | Name of Limit | ed Liability Company | |
| | | | | |
| The enc | losed Articles of A | mendment and fee(s) are subm | itted for filing. | |
| Please n | eturn all correspon | dence concerning this matter to | the following: | |
| | | | ory Angelo | |
| | | | Name of Person | |
| | | Reigh | Plrm/Company | |
| | | 2406 | E New York Ave Address | |
| | | De | land, FL 32724 City/State and Zip Code | |
| | | | City/State and Zip Code //e acyco. Coyy) boused for future annual report notificat | tion) |
| For furtl | her information co | ncerning this matter, please cal | | , |
| | Con | y Augelo | at (407) 756 Area Code Daytime To | 3754 |
| | Name of | Person | Area Code Daytime To | elephone Number |
| Enclose | d is a check for the | following amount: | | |
| □ \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address: | | Street Address: | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | |
| | P.O. Box 6327 | • | The Centre of Tall | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



August 22, 2024

CORY ANGELO KEY LEGACY CO 2406 E NEW YORK AVE DELAND, FL 32724

SUBJECT: DC LIFE SOLUTIONS LLC

Ref. Number: L24000082442

We have received your document for DC LIFE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "COMPANY." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

DECEIVED OCT IS NOW

Letter Number: 624A00018842

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DC Li | fe Solution | 15 LLC | |
|--|---|-----------------------------|----------------------|
| (Name of the Limited Liability Co (A Florida Lim | empany as it now appears on ontied Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>420008244</u> 2 | coany were filed on $\frac{2}{\sqrt{2}}$ | 1,5/24 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited Key Legacy Compared Limited | Key/e | gacy Ventu | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | ALL AH | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | HASSEE, FLORIDA | CT 25 AM IO II |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our recor | ds, <u>enter the name o</u> | f the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida st | mant and there | |
| | r.nier v lorida st | | |
| | City | , Florida | Zip 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.

| | from our records: | | |
|--------------------|----------------------------|-----------------|----------------|
| MGR= M AMBR = A | anager uthorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date of filing: | :07 (3)(b) as the |
| If 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 | ne |
| record is filed. August 8th 2024 | |
| Dated 8/14/2024. | |
| | |
| Signature of a member of authorized representative of a member | |
| Carl Acad | |
| Typed or printed name of stance | |