L24 000 134 450

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





000434325330

08/06/24--01012--020 **25.00

24 UF -6 Kit 5: 49

COVER LETTER

Division of Corporations
SUBJECT: DSW Management Enterprises 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:
Wanda M. Henderson Name of Person
DSW Management Interprises LLC
11871 Brighton Knoll Loop
Riverview, 12 33579-2143 City/State and Zip Code
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person at 1 & 13 5/6 - 8 271 (813 - 5/6 - 8 27) Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

	prises LC
(Name of the Limited Liability Compan (A Florida Limited Li	y <u>as it now appears on our records.)</u> ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>しまれのの13445の</u> .	were filed on $319/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	
	上行 東
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
··· · · · · · · · · · · · · · · · ·	City 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.

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 Title Name Darry J. Henderson 11871 Brighton Knoll Loop DANG AMBR Rivervice 1, Fl. 33579 ____ = Remove AMBR Chrisonna J. Chester 1871 Brighton Knoll Loop WAND Riverview, Ph 33579 = Remove - I Thange _____ □Add _____ □Remove _____ □Change ______ []|Change _____ □Change

	rom Mar to owner.
£r	rom mgr to owner.
<u></u>	Janda M. Henderson - owner
_	
Note: If t	date, if other than the date of filing:
ord is filed.	
Dated	6/4/24
	Wanda M. Henderson Typed or printed name of signee
	. Wanda M. Henderson

.

Filing Fee: \$25.00