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(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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04/23/24--01016--008 \*\*25.00



## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp	orations	,			
SUBJEC	or: DC	TC PROPE	RTIES, LLC ited Liability Company	• •		
	<del></del>	Name of Lim	ited Liability Company	<del></del>		
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	dence concerning this matter	to the following:			
		Courtne	Name of Person			
		•	Name of Person	<del></del>		
			Firm/Company	···		
		351 Mou	ntain Road Address			
			Address			
		<u> Irvingtor</u>	City/State and Zip Code	33		
			City/State and Zip Code			
		E-mail address: (i	to be used for future annual report notific	cation)		
For furth	ner information co	ncerning this matter, please ca				
ت	cumney	Kirgan	at (402) 541 -	9090		
	Name of	Person	Area Code Daytime	Telephone Number		
		e following amount:				
<b>卢 \$2</b> 5.	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 Registration S		Street Address:	ii an		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DCTC PROP	ERTIE	5,	LLC				
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now ap bility Compa	pears on ou ny)	r records.)			
The Articles of Organization for this Limited Liab Florida document number <u>し2件0001年</u>		ere filed or	3/2	1/202	<u>-</u> 4	and ass	signed
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of th	ie limited liabili	tv compan	<u>y here</u> :				
The new name must be distinguishable and contain the word	Is "Limited Liability	Company"	the decionation	n "I I C" or:	he abbres	l" noisei	
Enter new principal offices address, if applicable		Company,			The above the second se		
Principal office address MUST BE A STREET	4DDRESS)		<u>.</u>		- [7]	2021 APR	776
						29 PH	Control Contro
Enter new mailing address, if applicable:		<u> </u>			<u></u>	<del></del>	<del>ا حد</del> ا ا
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>					-6-1	<u>_</u>
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered of th	<u>nere</u> :						
Name of New Registered Agent:	DCTC	HÓI	DIMC	35,	LLC	-	
New Registered Office Address:	DCTC 4639	River	Walk Florida stree	V <sub>1</sub> 1 Q	ge (	<u>C+.</u>	<u> </u>
-	Ponce -	Inlet Cin		, Florid:	a <u>3</u>	Z\Z Zip Code	7

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DCTC Holdings, LLC	4639 Riverwalk Village Ct.	\&\Add
		Ponce Inlet FL 32127	□Remove
			□Change
AMBR	Courtney Kirgan	4639 Riverwalk Willage Ct.	□Add
		Ponce Inlet FL 32127	Kemove
		4639	□Change
AMBR	Danielle Kirgan	Hist Riverwalk Village Ct.	□ Add
		Ponce Inlet, FL 32127	⊠Remove
		<del></del>	□Change
			🖸 Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

## Page 2 of 3

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated Apr. 24 2024  Signature of a member or authorized representative of a member	_	
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
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Signature of a member or authorized representative of a member	Dated _	Apr. 1 24 . 2024
Control of the state of the sta		Signature of a member or authorized representative of a member
ナメルともへのと、 たっとかっと ニ		Courtney Kirgan Typed or printed name of signer