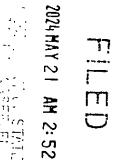
| (R∈ | equestor's Name) | | | |
|-------------------------|--------------------|-----------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | : #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bû | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000430113450

05/21/24 -01031-+009 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-------|
| SUBJECT: DARRYL F.RANK, PLLC 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: | |
| DARRYL L. FRANK Name of Person | |
| Name of Ferson | |
| Firm/Company | |
| G BOX WOOD CT | |
| GBOXWOOD CT Address HOMOSASSA FL 34446 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| DARRY L FRANK at (225) 937-1173 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee Solution Solution Status Solution Solut | tus & |
| | |

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

| DARRYLFR | DNK. | PLLC | | |
|---|---|--|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on iability Company) | our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L240001735</u> 04 | were filed on | 4 | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | | |
| DARRYL FR | ANK, L | LC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the design | ation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | NA | 202 | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | 2 7 <u></u> | | |
| • | | - m | | |
| Enter new mailing address, if applicable: | N/A | - R | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ne vi | | |
| | | ., 2 | | |
| B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our recor | ds, enter the name of the new registered | | |
| New Registered Office Address: | A | | | |
| New Registered Office Address. | Enter Florida s | treet address | | |
| | , Florida | | | |
| | City | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p | | | | |

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 Title Name **Type of Action Address** \square Add □Remove _ □Change □Add □Remove _□Add □Remove □ Change \Box Add □Remove □Change □Add Remove □ Change \square Add □Remove

□Change

| | | FROM | | | | |
|-------------------------|--|---|---|-----------------------|-------------------------------|-------------|
| LLC. | PLEA | SE RE | MOVE | REAL | ESTA | TE |
| | | PURP | | | | |
| | | | | | - | |
| | | | | | | |
| | | | | - | | |
| - | | | | | <u> </u> | <u> </u> |
| | | | _ | | . | |
| | | | | | | |
| | | . | | | | |
| <u>-</u> | | | | | | |
| | | | | | _ | |
| | | | | | | |
| | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | _ |
| _ | | | | | | |
| | | | ··· <u> </u> | | | |
| | | | | | - | |
| tive date is listed, th | than the date of ne date must be spec in this block doe: | f filing: ific and cannot be prions not meet the appli | r to date of filing o | r more than 90 days a | ptional) after filing.) Purso | uant to 605 |
| it's effective date | on the Departme | nt of State's records | i. | mg rodanomoma, | mis date will i | ior de lini |
| specifies a delave | d effective date. It | out not an effective t | ime at 12:01 a r | n on the earlies | f (b) The Out | day afta |
| i. | | | 1 | 7 | . (U) THE 70H | i day aile |
| 5/17/ | 24 | -f: | [. <u>[</u> | # | ſ | |
| | | | , | 1 /1 A V | • | |
| | | LAMS re of a member or auth | recized representat | Many | | |

Filing Fee: \$25.00