L24000389414

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/15/2024

NAME: DKOLMSTEAD LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
DKOLMST	TEAD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ЛЮYSE VAZQUEZ		
		Name of Person	
		Firm/Company	
	287 SARATOGA BLVD	• •	
		Address	
	ROYAL PALM BEACH,	FL 33411	
		City/State and Zip Code	
	jhoysevazquez@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all;	
JHOYSE VAZQUEZ		954 802-2454 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Particular to the form	C II		
Enclosed is a check for the	_		
富 \$25.00 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of 7	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

777 (201) 2024 007 (10) Alf 8: 56

DKOLMSTEAD LLC					
(Name of the Limited Liabili (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability C Florida document number 1.24000389414	Company were filed on	24 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
DK OLMSTEAD LLC					
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	d office address on our record	s, enter the name of the new registered			
New Registered Office Address.	eet address				
	, Florida				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registere	ed Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my d agent as provided for in Chapt ed office address, I hereby co	uties, and I am familiar with and er 605, F.S. Or, if this document is			

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 Title Address Name __ 🗆 Add ______ DRemove _____ Change _____ □Remove □Remove _____ □Change ______ □Remove _____ □Change _____ □Add _____ □Remove _____ □Change

____ □Remove

				<u> </u>
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etive date, if other than the deffective date is listed, the date must be If the date inserted in this blockment's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	n date of filing or more the	(optional) an 90 days after filing uirements, this date	.) Pursuant to 605.02
ord specifies a delayed effective of filed.	date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) Th	ne 90th day after th
SEPTEMBER 13	, 2024	_·		
0,000 , 22				
Short whork	gnature of a member or author	ized representative of a r	nember	

Filing Fee: \$25.00