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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DCN ADVISORS LLC

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Page Count	03
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JUN 26 2020

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF **COLOR: 16

DCN ADVISORS LLC			·
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	·
The Articles of Organization for this Limited Lia Florida document number L19000142714	bility Company were filed on 05/	29/2019	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E			
B. If amending the registered agent and/or re agent and/or the new registered office addres	gistered office address on our re here:	ecords, <u>enter the</u>	name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
		, Florida	
		Lineral	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

2020 JU 125 A	H 10: 14	5
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<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	VGV (US) LLC	201 ALHAMBRA CIRCLE SUITE 600	
		CORAL GABLES, FL 33134	■ Remove
			□Change
MGR	AVALON UNITED LLC	201 ALHAMBRA CIRCLE SUITE 600	
		CORAL GABLES, FL 33134	□Remove
			□Change
			(]Add
			Remove
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			
			(☐Add
		***************************************	□Remove
			Change

	tion, enter change(s) here: (Attach additional sheets, if necessary.) 7770 J25 EN 18: 16
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
e record specifies a delayed effec rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 24	2020
Dated	2-)
	Signature of a member or authorized representative of a member
Saray Djidji, Attorne	y-in-Fact Typed or printed name of signee

Filing Fee: \$25.00