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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Division of C			
	9 PROPERTY, LLC	· ·	•
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JEFFREY SELZER		
		Name of Person	
	SELZER LAW		hone Number
		Firm/Company	
	2550 NE 15th AVENUE		
	14	Address	
	FORT LAUDERDALE, F	1. 33305	
		City/State and Zip Code	
	JEFF@SELZERLAW.COM	A to be used for future annual report notification	<del>m)</del>
For further information	concerning this matter, please c	•	
ANDY MARTIN		910 684-0716 at ( )	
Name	of Person		phone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions hassee reet, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEE 2389 PROPERTY, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 10/07/2014	and assigned
Florida document number L14000159624		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022 SEC
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Enter new mailing address, if applicable:		<b>かべ</b>
(Mailing address MAY BE A POST OFFICE BOX)		OF S SEE S
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		-· <del>···</del>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	Flor	ida Zip Code
	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

. <u>Title</u>	Name	Address	Type of Action
MGR	Anthony DeRiggi	6192 NW 24th Street	□ Add
		Boca Raton, FL 33434	≣Remove
			Change
MGR Andy Martin	Andy Martin	6192 NW 24th Street	≣Add
		Boca Raton, FL 33434	□Remove
			□Change
AMBR	Anthony DeRiggi	T'EE A. DeRiggi Trust UAD 10/28/2022	≣Add
		6192 NW 24th Street	□Remove
		Boca Raton, FL 33434	□Change
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ective date, if other than the effective date is listed, the date mode:  If the date inserted in this bument's effective date on the I	ust be specific and cannot be pri- block does not meet the appl	icable statutory filing		g.) Pursuant to 605.020
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
	2022			
ed	<del></del>			
	Signature of a member or aut	horized representative o	fa member	<del></del>