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**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

то:	Registration S Division of C			
SUBJI	CCT:	DEONARINE	PROPERTIES LLC	
2020		Name of Limi	ted Liability Company	
The en	closed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		N	MICHAEL T. HANLEY	
			Name of Person	and No.3
		М	ERL & HANLEY, LLP	ALL:
			Firm/Company	2010 SEP 20 SECRE IAR
			12 BANK AVENUE	
			Address	FOR PARTIES
		SM	IITHTOWN, NY 11787	3: 27 ORADE
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notification	n)
For fur	ther information	concerning this matter, please c	,	,
	Micha	uel Hanley	at ( <u>631 )</u> 382-3999	
	Name	e of Person	Area Code & Daytime Tele	phone Number
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEONARINE PRO	PERTIES L	LC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear ability Company)	<u>rs on our records.</u> )	
The Articles of Organization for this Limited Liability Company v	vere filed on	02/17/2006	and assigned
Florida document numberL06000017561			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>'e</u> :	
2301-235 S. ATL	ANTIC, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	nny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		AHASSE	TO L
Enter new mailing address, if applicable:		SSE	220
(Mailing address MAY BE A POST OFFICE BOX)		111 <u>0</u>	R 32
		LORIBA	ું હું 💭
		<u> </u>	27
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, enter t	he name of the nev
registered agent and/or the new registered office address here	•		
Name of New Registered Agent:			
New Registered Office Address:		. ,,	
	En	ter Florida street add	ress
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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