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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON

Account Number : 076376001555 Phone : (803)255-9617 Fax Number : (561)483-7321

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

Dayna@daynamanagement.com



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D.C. LINDA VISTA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DA VISTA, LLC			
(Name of the Limit	ed Liability Compa: (A Florida Limited I	ny as it now appears on Jability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed onOcto	ber 31, 2006	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	6590 W. Rogers Cir	cle	
(Principal office address MUST BE A STREE		Suite 8		
		Boca Raton, FL 334	187	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6590 W. Rogers Cir	cle	
		Suite 8		
		Boca Raton, FL 33487		
B. If amending the registered agent and/or in agent and/or the new registered office addressed. Name of New Registered Agent:			ds, <u>enter the name</u>	of the new registe
	CEOOM/ Flances Circle Cuite 9			
New Registered Office Address:	Enter Florida street address			
	Boca Raton		. Florida 334	187
	-	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.

Changing Registered Agent, Signature of New Registered Agent

pg 3 of 4

① 12-21-2023 3:46 PM Fax Services

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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	Carolyn Carrano	12525 Oak Arbor Lane	□Add
		Boyton Beach, FL 33436	⊠ Remove
			Change
MGR C	Dayna N. Carrano	6590 W. Rogers Circle	□Add
		Suite 8	
		Boca Raton, FL 33487	XI Change
·			∏Add
			□Remove
			☐Change
			☐ Change
			∏Add
			□Remove
			∏Change
			□Add
			□Remove
			□('hanga

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If amer	iding any other informati	on, enter change(s) here: (Attach additional sheets, if nece	ssary.)
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Effectiv	ve date, if other than the decive date is listed, the date must	late of filing: (option be specific and cannot be prior to date of filing or more than 90 days after the does not meet the applicable statutory filing requirements, this	inal) filing.) Pursuant to 605.0207 (
docume	ent's effective date on the Dep	partment of State's records.	date will not be fisied as t
e record rd is file		date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated _	December 21	, 2023	
	MINTER.	11	
	(1) S	ignature of a member or authorized representative of a member	
		Dayna N. Carrano	
		Typed or printed name of signee	