

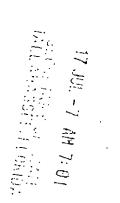
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COVER LETTER

Division of Corp	porations		
DI REALT SUBJECT:	Y LLC		
	Name of Lin	aited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	FRANCISCO JIMENEZ		
		Name of Person	
	DI REALTY LLC		
		Firm Company	 -
	1450 BRICKELL AVE., S	SUITE 2190	
	-	Address	-
	MIAMI, FL 33131		
	FJIMENEZ@D1-GROUP.	City State and Zip Code COM	
		to be used for future annual report notifi	cation)
For further information ec	neerning this matter, please c	all:	
FRANCISCO JIMENEZ		305 416-0144	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DI REALTY LLC

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.08000003269}{}$.	pany were filed on 01/10/2008 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	I liability company here:			
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Liability Company," the designation "LLC" or the abbreviation "L.L.C." [S)			
Enter new mailing address, if applicable:	1450 BRICKELL AVE.			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 2190			
	MIAMI, FL 33131			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ed office address on our records, enter the name of the new s here: Enter Florida street address			

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.

City

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 = 1	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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effective date is listed	l, the date must be specific	and cannot be prior	to date of filing or m	ore than 90 days at	ter tilling.) Pu	rsuant to 605.0.
	ted in this block does no ate on the Department o			g requirements, th	us date wi	ll not be listed
	a delayed effective		ot an effective t	ime, at 12:01	a.m. on	the earlier
ne 90th day afti	er the record is file	2d.				
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			orized representative	A L		

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Filing Fee: \$25.00