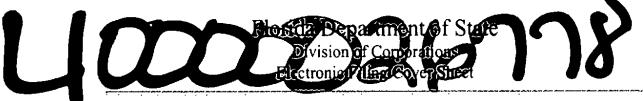
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000240344 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BOSSHARDT LAW GROUP, LLC

Account Number : 120200000079 Phone : (352)240-3218 Fax Number : (352)240-3219

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

kim@bosshardtlaw.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOSSHARDT REALTY SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| | vision of Cor | | | |
|------------------|-----------------------------|--|---|---|
| SUBJECT: | | DT REALTY SERVICES, LL | С | |
| SUBJECT | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | |
| | | KIMBERLY BOSSHARD | т | |
| | | *** | Name of Person | . · · · · · · · · · · · · · · · · · · |
| | | BOSSHARDT LAW GRO | UP, LLC | |
| | | | Firm/Company | |
| | | 5532 NW 43RD ST | | |
| | | | Address | |
| | | GAINESVILLE, FL 32653 | 3 | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report is | otification) |
| For further | information c | oncerning this matter, please co | all: | |
| KIMBERL | Y BOSSHAR | .DT | 352 240-3218 at () | |
| | Name o | f Person | Area Code Dayı | ime Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| ≘ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ailing Addres | | Street Address: Registration S | Section |
| D | ivision of C | orporations | Division of C | orporations |
| | O. Box 632 allahassee, l | | The Centre of 2415 N. Mon | roe Street, Suite 810 |

Tallahassee, FL 32303

→ 18506176383 (((H20000240344 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Com) (A Florida Limited | nany as it now appears on our p i Liability Company) | records.) | |
|---|---|-------------------------------------|-------------|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L10000026778</u> | y were filed on 03/08/2010 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | |
| The new name must be distinguishable and contain the words "Limited Lia | hilling Company " the decimation | "[1 C" or the abbreviation "] d. C" | |
| The new name must be dissinguishable and contain the words. Entitled Ela | mity Company, the designation | The societation case. | erlai |
| Enter new principal offices address, if applicable: | | <u> </u> | <u>.</u> |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> | |
| | | | |
| | | <u> </u> | |
| Enter new mailing address, if applicable: | | · | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | _ |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, g | enter the name of the new regist | <u>ered</u> |
| Name of New Registered Agent: | | | _ |
| New Registered Office Address: | | | |
| | Enter Florida street | address | |
| | | , Florida | |
| | | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agen | • | Хұз Code | |

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:

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| AMBR | Genc Anne McKay | 5542 N.W. 43RD ST. | |
| | | Gainesville, FL 32653 | ≣Remove |
| | | | □Change |
| AMBR | Kenneth Cornell | 5542 NW 43rd ST | ≣Add |
| | | Gainesville, FL 32653 | □Remove |
| | | | |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
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| | |
| Effective | e date, if other than the date of filing: 08/01/2020 (optional) |
| Note: If | ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records. |
| e record s ord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l. |
| Dated | //23/2020 |
| | \mathcal{N} |
| | Signature of a member or authorized representative of a member |
| | Kimberly Bosshardt, authorized representative |
| | Typed or printed name of signee |

Filing Fee: \$25.00