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Yo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100

fax Number : (941)745-2093

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DLDR PROPERTIES, LLC

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Estimated Charge	\$25.00

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AUG 23 2023

	14:30	Blalock Wal	ters 941 745 2093 COVER LETTE	3 >> 850-61 R (11 ° °	7-6381	P 2/5
	gistration Sec		्षे । है । -	,		
SHRJECT	DLDR PROI	PERTIES, LLC	*		· •	
,	-	Name of Lin	nited Liebility Company			
The enclosed	d Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		EILEEN PENNINGTON				
			Name of Person			
		BLALOCK WALTERS, P	?Λ			
			Firm/Company			
		802 HTH STREET WEST	г			
			Address			
		BRADENTON, FLORIDA	\ 34205			
			City/State and Zip Code			
		epennington@blalockwalter			·	
Carried at			to be used for future annual re	eport notification)		
		secring this matter, please co	aH;			
Eileen Penni			941 748- at ()	-0100		
	Name of P	Person	Area Code	Daytime Telepho	one Number	
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Foe & Certified Copy (additional copy is enclo		860.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

Blalock Walters 941 745 2093 >> 850-617-6381

P 3/5 ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

DLDR PROPERTIES, LLC					
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company were filed on Plorida document number L10000077776				and ass	igned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lial	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abl	breviation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1732 HILLVIEW S	TREET		
		SARASOTA, FL 34239			
					
Enter new mailing address, if applicable:		P.O. BOX 496055			
(Mailing address MAY BE A POST OFFICE BOX)		PORT CHARLOTT	E, FL 33949		
				[53]	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our reco	rds, enter the name	of the new	
Name of New Registered Agent:	BLALOCK W	ALTERS, P.A.			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	802 11TH STR	EET WEST	·		
		Enser Florida s	Street address		
	BRADENTON		, Florida ³⁴²	05	
		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 underss, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing/Registered Agent, Signature of New Registered Agent

2023-08-22 14:31

3-08-22 14:31 Blalock Walters 941 745 2093 >> 850-617-6381 P 4/5 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

Title	<u>Name</u>	Address	Type of Action
MGRM	LOUIS D ROSENFIELD	P. O. BOX 496055	
		PORT CHARLOTTE, FLORIDA 33949	Remove
			黑 Change
			
			🗖 Remove
			□ Change
			🗆 Add
			□Remove
			© Change
			DbbA
			□Remove
			□Change
			□Add
			Remove
			©Change
			D\M
			□Remove
			DChange

D. Hame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	the date, if other than the date of filing:
f the record	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 d.
Dated <u>/</u>	SUGUST 22. 2023 Signature of a prember or surfibrized representative of a member
	JENIFER S. SCHEMBRI, AUTHORIZED REPRESENTATIVE

Filing Fee: \$25.00

Typed or printed name of siguee