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SECRETARY OF STATE

T. CLINE

T. VavillyEA

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	DART REALT Name of Limi	FY, LLC_ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	JEFF TOMBERG	Name of Person			
	DART REALTY,				
		Firm/Company			
513 S.E. 6th Avenue					
	Boynton Beach	n, FL 33435			
		City/State and Zip Code			
	piatty@yah E-mail address: (	to be used for future annual report notifica	tion)	<b>A S</b>	
For further information	concerning this matter, please of	call:		BH SEP =9	71
Jeff Tomberg Name of Person		at ( <u>561</u> ) <u>737–1345</u> Area Code & Daytime T	Clanhone Number	- 49 Y88 - 886	
Hanne	orreison	Area code & Dayinie	erephone (value)	L. S.	ILE D
Enclosed is a check for	the following amount:			TAJE	O
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	X \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	
		,			
MAI	LING ADDRESS:	STREET/COURIER	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DART R	EALTY, LLC		<del></del>
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on of a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on <u>JUNE 2</u>	24, 2011	and assigned
Florida document number <u>L11000073695</u>	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," t	he designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEGRETARY OF
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ecords, enter t	he Rame of the new
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	p . m		
	orida street add	ress	
	City	, Florida	Zip Code
	City		zip Coae

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Richard E. Mirsky	17436 S.W. 29th Court Miramar, FL 33029	Add XX Remove
_MGRM	Neiva Edmonson	2035 S.W. 15th Street, #196 Deerfield Beach, FL 33442	X Add ☐ Remove
			Add Remove
<u>.                                    </u>			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	v.)
			SECRETARY
  Dated,	Seek wher 2 =	xo [/	STEFFOR
Duice	' Doc	er or authorized representative of a member	
	Type	d or printed name of signge	

Page 2 of 2

Filing Fee: \$25.00