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| (Requestor's Name)                      |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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K. SALY APR 1 0 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporation |   |             |   |   |
|--|---|-------------|---|---|
| SUBJECT: DW                                      | LC Produc  Name of Limite                 | +<br>ed Lie | Systems, LL ability Company   | <u>C</u>  |
| The enclosed Articles of Am                      | nendment and fee(s) are subm              | nitted      | for filing.   |   |
| Please return all corresponde                    | ence concerning this matter to            | o the       | following:  |   |
|  | JUSHIN                                    | `           | DalMolin<br>Name of Person  |   |
|  |   |             | Firm/Company  |   |
|  | (017 )                                    | ijr         | thouse Drive  |   |
| -  | North Pah                                 | City        | Seach FL 334<br>/State and Zip Code  Once com sed for future annual report notifica | tion)   |
| For further information conc                     | erning this matter, please call           |             | ·   |   |
| Name of Po                                       | ZaMolin<br>rson                           |             | at (305) 95-6<br>Area Code Daytime To   | 203<br>Elephone Number  |
| Enclosed is a check for the f                    | ollowing amount:                          |             |   |   |
| \$25.00 Filing Fee                               | S30.00 Filing Fee & Certificate of Status | Ω           | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                   | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

| ARTICLES OF ORGANIZATION 5.77  |
|--|
| OF 2011  |
| ARTICLES OF ORGANIZATION  OF  2017 APR  ONL C Product Sustems LLC SECTION  (Name of the Limited Liability Company)  (A Florida Limited Liability Company)                              |
| The Articles of Organization for this Limited Liability Company were filed on 5/30/242 and assigned  |
| Florida document number <u>LI2060072622</u>  |
| This amendment is submitted to amend the following:  |
| A. If amending name, enter the new name of the limited liability company here:   |
| Damolin Real Estate Itoldings LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."           |
| Enter new principal offices address, if applicable:  |
| (Principal office address MUST BE A STREET ADDRESS)  |
|  |
| Enter new mailing address, if applicable:  |
| (Mailing address MAY BE A POST OFFICE BOX)   |
|  |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> : |
| Name of New Registered Agent:  |
| New Registered Office Address:  Enter Florida street address   |
| Emer r toriua street adaress   |
| Florida  |

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = N $AMBR = A$                      | Aanager<br>Authorized Member            |               | FILEL                                   |                |
|---|---|---------------|---|----------------|
| <u>Title</u>                            | <u>Name</u>                             | Address       | 2017 APR -7 AMII: 20                    | Type of Action |
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| fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be stee:  If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomment's   | prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 pplicable statutory filing requirements, this date will not be listed a ords. |
| record specifies a delayed effective date, but<br>The 90th day after the record is filed.  | t not an effective time, at 12:01 a.m. on the earlier o   |
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| ted April 4 , 201  |   |
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Filing Fee: \$25.00