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Division of Corporations DALEHURST DRIVE WEST 3115 ASSOCIATES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Tippins Name of Person Auburn Blackstone Law Group Firm/Company 118 N. Ross St. #6 Address Auburn, Alabama 36830 City/State and Zip Code MTIPPINS#BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Tippins, Attorney Daytime Telephone Number Name of Person · Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

DATERLIDET DRIVE WEST 3115 ASSOCIATES LLC

DALICHORS) DRIVE WEST STIS			'
(Name of the Limit	ed Liability Company as it nov (A Florida Limited Liability Co.	v appears on our records.)	9 11. 1. 13
	(A Florida Limited Elability Co.	inpany ,	
The Articles of Organization for this Limited Li Florida document number L12000093006	ability Company were filed	I on <u>7-17-2012</u>	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability comp	pany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compar	y," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address		n our records, <u>enter th</u>	e name of the new res
Name of New Registered Agent:		·	
New Registered Office Address:		Inter Florida street address	
	E		
		, Flori	da
	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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this documen 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	ZAFIA TRIZONIS	5621 Stetson Rd	= Add
		Jacksonville, Fl. 32207	
			Change
MGR	FELICIA TRIZONIS	1233 Ardsley Road	∃ Add
		Jacksonville, Florida 32207	Remove
			□Change
MGR	NICHOLAS TRIZONIS	1223 Ardsley Road	\ \ \ \ _Add
		Jacksonville, Fl. 32207	Remove
			Change
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e record spord is filed.	occifies a delayed	effective date, but	not an effective	time, at 12:01 a.n	n, on the earlier of:	(b) The 90th day afte
Dated	4-18-		2020			
	V	a Jon	: <u></u>	 ·	ive of a member	
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