② 001 Page 1 of 1

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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| To: | Division of Co | | |
| ! ! | | (850)617-6383 | |
| From: | Account Number Phone Fax Number | : (407) 423-1631 Apr. 72 | F.A |
| **Enter the annual | email address for report mailings | or this business entity to be used for future as a saturation only one email address please.** | |
| Email 1 | ddrosi:tracy | y.duda-chapman@duda.com | , |
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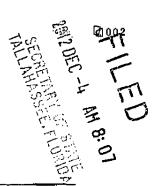
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EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

DEAN MEAD ORLANDO . (((H12000283788 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DGS TROY HIGHWAY MONTGOMERY, LLC

| (Name or the Limited Liab) (A Flori | da Limited Liability Company) | s on one records. |
|--|---|--|
| The Articles of Organization for this Limited Liability Florida document number | · | July 19, 2012 and assigned |
| This amendment is submitted to amend the following | | |
| A. If amending name, enter the new name of the | limited liability company her | <u>e</u> : |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Compa | ny," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address: MUST BE A STREET AD | | |
| Enter new mailing add ress, if applicable; | | |
| (Mailing address MAY 3E A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: | | our records, <u>enter the name of the new</u> |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | , Florida |
| New Registered Agent's Signature, if changing Regist | City | Zip Code |
| I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change | r and complete performance d agent as provided for in Ci tered office address, I hereby | of my duties, and I am familiar with and napte: 608, F.S. Or, if this document is |
| | If Changing Registered Age | nt, Signature of New Registered Agent |
| 4.4 | Page 1 of 2 | |

(((H12000283788 3)))

| If amend | ling the Managers or Managing Members | s on our records, enter the title, name, and add | lress of each Man |
|--------------|--|--|-------------------|
| ог Маца | ging Member haing added or removed fro | om our records: | B. T |
| MGR = I | Manager = Managing Member | | 影上 |
| | <u> </u> | A Jahana | |
| <u>Title</u> | Name | Address | Type or Agron |
| MGRM | Duda LC Properties, LLC | 1200 Duda Trail Oviedo, FL 32765 | |
| | | Oviedo, PL 32763 | Řemove |
| MGR | Tracy Duda Chapman _ | 1200 Duda Trail | |
| | | Oviedo, FL 32765 | Z Remove |
| | | | |
| MGR | Palmer B. Weeks, Jr. | 1200 Duda Trail Oviedo, FL 32765 | Add Remove |
| | } | OVIBOU, FL 32705 | KCINOVC |
| MGR | Mark E. Engwall | 1200 Duda Trail | ☐ Add |
| | | Oviedo, FL 32765 | Remove |
| | ! | | |
| | | | Add Remove |
| | | | |
| | | | Add |
| - | | | Remave |
| D, Ifam | ending any other information, enter chan | ge(s) here: (Attach additional sheew, if necessor) | ·.) |
| | | ation is hereby amended in its entirety to | |
| | as follows: | | |
| | "Article IV - M | lanagement | |
| | The Company is to be a member | | |
| | | | |
| David | November 27 2 | 012 | _ |
| Dated | 14 0 | | |
| | Signature of a memb | er of authorized representative of a member | <u> </u> |
| | Tracy Duda Ci | hapman, Senior Vice President | |
| | Туре | d or printed name of signee | |
| | 1 | Page 2 of 2 Filing Fee: \$25.00 | |
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