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(Re	questor's Name)	
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TALL AHASSEE, FLORIDA



COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: DeS	Real Estate LLC	ited Liability Company	
	Name of Lim	ned Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mery Cohen	Name of Person	
		Name of Person	·
	DKS Real 8	State LUC	
	<u> </u>	Firm/Company	
	6873 NW 126	^m ave	
		Address	
	Panhland Fl	33096.	
	0	City/State and Zip Code	
	E-mail address: (o be used for future annual report notif	lication)
For further information co	ncerning this matter, please ca	all:	
Suari Col	<u>en</u>		35 2 e Telephone Number
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

DES Pent	Este UC		***	
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	ır records.)	
The Articles of Organization for this Limited L Florida document numberL13000 911		were filed on $3/2$	20/2013	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
The new name must be distinguishable and end with the	words "Limited Liabil	ity Company." the designa	ntion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:			표 교육 대
(Principal office address MUST BE A STREE	ET ADDRESS)			
				CO PT COMMENT
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			ORX 1
				D. 7 66
B. If amending the registered agent and registered agent and/or the new registered o	or registered offi ffice address here:	ice address on our	records, enter	r the name of the new
Name of New Registered Agent:	mory (s	hen.		
New Registered Office Address:	6873 Nu	J 126 th ave	el address	<u> </u>
	Parhland	City	, Florida _	33076 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regions filed to merely reflect a change in the company has been notified in writing of this	eer and complete p istered agent as pr registered office a	performance of my di ovided for in Chapte	ities, and I amer 605, F.S. Or firm that the l	familiar with and r, if this document is
	If Chang	ing Registered Agent, Si	gnature of New F	Registered Agent

Page 1 of 3 Mar 13, 2015

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MCR	Scari Colen	6457 Catalina lane Tamanac FL 33321	
		Tamerac Fl 33321	Remove
MGR	Mery Colon	6873 M 126 ave Parhland FC 33076	□ Add
			Add Add Remove
			PH CONTROL SA
			□ Remove
			Add
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Filing Fee: \$25.00