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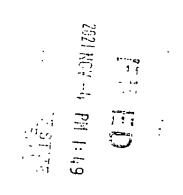
(Re	questor's Name)	
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COVER LETTER

Div	ision of Corp	porations			
NE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DK Optima	II, LI.C			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		James D. Palermo			
			Name of Person		
		DeBartolo Holdings, LLC			
			Firm/Company		
	3820 Northdale Boulevard, Suite 100B Address				
		Tampa, Fl. 33624			
			City/State and Zip Code	•	
		jpalermo@debartoloholding E-mail address: (s.com to be used for future annual report notifi	cation)	
For further i	nformation c	oncerning this matter, please ca			
James D. Pa	lermo		813 264-8803		
	Name o	f Person	at ()	Telephone Number	
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	uling Addres		Street Address:	A.L.	
	gistration S	Section	Registration Sec		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FIFED

2021 HOV - 6 PH 1: 49

DK Optima II, LLC			LODI NO	• • • • • • • • • • • • • • • • • • • •
(<u>Name of the Limited Lial</u> (A Flor	pility Compa rida Limited I	ny as it now appears on a hability Company)	our records.)	FATTE
The Articles of Organization for this Limited Liability	v Company	were filed on April 17	7, 2013	and assigned
lorida document number L13000056308	.			
his amendment is submitted to amend the following	,			
A. If amending name, enter the new name of the li	imited liab	ility company here:		
he new name must be distinguishable and contain the words "!	.imited Liabil	lity Company." the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*		evard	
(Principal office address MUST BE A STREET ADDRESS)		Suite 100B		
		Tampa, F1. 33624		
Enter new mailing address, if applicable:		3820 Northdale Boul	evard	
Mailing address MAY BE A POST OFFICE BOX)		Suite 100B		
Maring Million Co. Maring Million Co.		Tampa, FL 33624		
3. If amending the registered agent and/or registe agent and/or the new registered office address here. Name of New Registered Agent:		address on our recor	ds, <u>enter the n</u>	ame of the new regis
200	20 Northdale	Boulevard, Suite 100E		
New Registered Office Address:		Enter Florida si	reet address	•
To	mpa		, Florida	33624
1 di			, riornia	

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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DeBartolo Development, LLC	3820 Northdale Boulevard	□ Add
		Suite 100B	70
		Tampa, FL 33624	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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Effective date, if oth If an effective date is listed Note: If the date inserdocument's effective december 1.	ted in this block of	loes not mee	t the applica	o date of illing	i or more than	. 90 days after f	lling 3 Pursicant t	o 605.0207 (e listed as t
e record specifies a del rd is filed.	ayed effective dat	e, but not an	effective tin	ie, at 12:01 :	a.m. on the	earlier of: (b)	The 90th day	after the
Dated November 1.		· · ·	2021	<u>.</u> .				
	Sign	hure of a men	ther or author	ized represent	tative of a me	mber		_
James D. Pa	alarma							

Filing Fee: \$25.00