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JUN 11 2015 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo				
	ERTIES, LLC			
SUBJECT:	Name of Limi	ited Liability Company		-
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Michael S. Weiner, Esq.			
		Name of Person		_
		_		
	10 SE 1st Avenue; Suite C			
		Address		
	Delray Beach, Florida 334	44		7.55 2.50 2.50 2.50 2.50 2.50 2.50 2.50 2
		City/State and Zip Code		聖皇工
	n/a	to be used for future annual report notifica	ution)	器。后
For further information cor	ncerning this matter, please ca		.ion	GESTA
Michael S. Weiner, Esq.		561 265-2666 at ()		沙克· 5
Name of I	Person		elephone Numb	er
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee. cate of Status & ed Copy nal 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 OF

DNA PROPERTIES, LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Cimited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on March 6, 2014	and assigned
Florida document number L14000037985	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>	· ,
		一 <u></u>
		證皇四
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		第二章 · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>es</u> <u>ess here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la.
	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 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 Changing Registered Agent, Signature of New Registered Agent

'.

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>	Address	Type of Action
MGR	Gino Cicerchia	636 E Atlantic Ave Suite 206	□ Add
		Delray Beach, Florida 33483	■ Remove
			Change
MGR	David Marulli	636 E Atlantic Ave Suite 206	Add
		Delray Beach, Florida 33483	Remove
			Change
			三百百五十五百五十五百五百五百五百五百五百五百五百五百五百五百五百五百五百五百五
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veffective date te: If the date	is listed, the dat e inserted in th	n the date of fi te must be specific his block does n the Department	and cannot of meet th	e applicabl	date of filing le statutory	or more than 9 filing require	(optional) days after filiments, this da	ng.) Pursuant	t to 605,020 be listed a
record spe The 90th da	cifies a del by after the	ayed effective record is file	ve date, l ed.	but not a	an effecti	ve time, at	12:01 a.m	n, on the	earlier (
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Filing Fee: \$25.00