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## **COVER LETTER**

то:	Registration Se Division of Cor					
		D2D, L	l.C			
SUBJF	:CT:	Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			DAVID F. SIMON			
			Name of Person			
		THE SIMON-CRAIR GRO	9UC			
			Firm/Company			
		Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing,  arn all correspondence concerning this matter to the following:    DAVID F. SIMON				
			Address			
		MIAMI, FL 33176				
Divis SUBJECT: _ The enclosed / Please return a  DAVID F. SE						
				cation)		
For fur	ther information c					
DAVII	D F. SIMON					
	Name o	t Person		Telephone Number		
Enclose	ed is a check for the	he following amount:				
<b>■</b> \$25	5.00 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:

TO:

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

	D2D, L1.C.			
(Name of the Limited Liab (A Flor	pility Company as it now appears rida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	04/01/2014	and assigr	ned
Florida document number L14000053413				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "L	imited Liability Company," the de-	signation "LLC" or the abb	reviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:			7 0	
(Principal office address MUST BE A STREET ADd	DRESS)			
		, <u></u>		
			7	
Enter new mailing address, if applicable:		<del></del>	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		<del>.</del>		
D. If amonding the positioned agent and (as as				
B. If amending the registered agent and/or req registered agent and/or the new registered office ac		our records, <u>enter t</u>	ne name of	the nev
Name of New Registered Agent:		<u>.</u>		
New Registered Office Address:				
	Enter Flora	la street address		
		Florida		
	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	STUART JOSHUA SIMON	8925 sw148st#218 miami Fl 33176	Add
		<del></del>	🗆 Remove
			Change
OWNER	DAVID F. SIMON	8925 sw148st#218 miami F1 33176	<b>=</b> Add
			□ Remove
		<del></del>	
PRES	DAVID F. SIMON	8925 sw148st#218 miami F133176	Add
			Remove
			Change
OWNER	BLAIR RETCHIN	9300 sw140ST MIAMI, FL 33176	
			■ Remove
			□ Change
PRES	BLAIR RETCHIN	9300 sw140ST MIAMI FL 33176	
		<del></del>	Remove
			Change
		<del></del>	
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			<del> </del>		23
	11/27	/2017			
ective date, if other than the dieffective date is listed, the date must	be specific and cannot be	prior to date of fil	ing or more than 90 day	( <b>optional)</b> s after tiling.) Pursua	nt to 605.02
te: If the date inserted in this blocument's effective date on the Dep	:k does not meet the a partment of State's re-	applicable statuto cords.	ry filing requiremen	ts, this date will no	t be listed :
record specifies a delayed he 90th day after the reco	effective date, burd is filed.	it not an effec	tive time, at 12	:01 a.m. on the	earlier
ed November 27	. 2017				
	^ <i>'</i>		entative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00