

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L14000059364

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : GILMAN CIOCIA INC.
 Account Number : I20120000051
 Phone : (305)937-7773
 Fax Number : (815)301-2897

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jcolon@brileywealth.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOPS REAL ESTATE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 SEP - 8 PM 3:43
 APPROVED
 AND
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 SE. - 8 PM 1:56

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

DOPS REAL ESTATE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/10/2014 and assigned Florida document number L14000059364.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOPS HR4X4 LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida

City

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TALLAHASSEE, FLORIDA

APPROVED AND FILED

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

or removed from our records: enter the title, name, and address of each person being add

MGR = Manager
 AMBR = Authorized Member

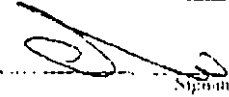
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NIV BITON	2875 NE 191ST STREET	<input checked="" type="checkbox"/> Add
		SUITE 601	<input type="checkbox"/> Remove
		AVENTURA FL 33180	<input type="checkbox"/> Change
AMBR	SHLOMO SITBON	2875 NE 191ST STREET	<input type="checkbox"/> Add
		SUITE 601	<input checked="" type="checkbox"/> Remove
		AVENTURA FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary)*

E. **Effective date, if other than the date of filing:** _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60S-0297 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the _____th day after the record is filed.

Dated JULY 29 2022


Signature of a member or authorized representative of a member

PROSPER BITON
Typed or printed name of signer