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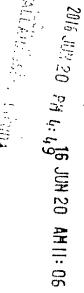
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JUN 21 2016 S. YOUNG

COVER LETTER

	gistration Sec vision of Corp			
CUDIE/T.		PERTIES, LLC.		
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspon	ndence concerning this matter t	o the following:	
		BRIAN SAWYER		
			Name of Person	
		DBLS PROPERTIES, LLC		-
		***************************************	Firm/Company	
		173 MARTESIA WAY	16 JUN 20 AM	
		INDIAN HARBOUR BEA	16 JUH 20 AM II: 06	
			City/State and Zip Code	06
		DBLSPROPERTIES@GMA		
		E-mail address: (t	o be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	dl:	
BRIAN SA	WYER		407 212-0126	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for th	he 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)
		ING ADDRESS:	STREET/COURI	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBLS PROPERTIES, LLC.		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	empany were filed on 7/2/2014	and assigned
Florida document number 114000105168	<u>.</u> .	
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>	1 mark
		6 LEC
		JUN AHA
Enter new mailing address, if applicable:		20 0 A
(Mailing address MAY BE A POST OFFICE BOX)		E mg
		11 00 00 00 00 00 00 00 00 00 00 00 00 0
		9
B. If amending the registered agent and/or registered agent and/or the new registered office address.		
Name of New Registered Agent:		
New Registered Office Address:		<u>, , , , , , , , , , , , , , , , , , , </u>
	Enter Florida street address	
	, Floric	
	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		
VP	HOWARD L. GARRIS, JR.	173 MARTESIA WAY	= Add		
		INDIAN HARBOUR BCH, FL, 32	□ Remove		
			Change		
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			Change JUN 20		
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ne recor The 9	rd specifies a d Oth day after th	elayed effec ne record is	tive da filed.	ate, but n	ot an effe	ective time	e, at 12:01	a.m. on the	earlier	of:
Dated	Jone		1.	4	<u>.</u> .	2				
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