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TALLAHASSEE, FL



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		restments Ll	_C
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	David	K. Waldrer	1 II
	Sounde	Name of Person  S Real Est  Firm/Company	ate
	1723 É	Partow Rd  Address  a Kelanel FL	
		Address	23 Cm1
			3 3 8 0 (
		City/State and Zip Code	So. (1 -
	E-mail address: (	on a Sceland. C	tification)
For further information c	oncerning this matter, please ca		
Keat 1	Daldron	at (863) 21L Area Code Daytin	1 3410
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

OI	<b>ਜ</b>	FRED
DKW I Inves	tments	2027 UEC 19 PH 2 10
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)	1.5
The Articles of Organization for this Limited Liability Company	were filed on	O TALLATUSSEE. Fland assigned
Florida document number <u>L14000 16 4735</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e</u> :
David Waldron LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	ignation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		4
(Principal office address MUST BE A STREET ADDRESS)	/_/	/1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, enter the name of the new registered
Name of New Registered Agent:	1/A	
New Registered Office Address:	Futer Flori	da street address
	Litter 7 Tori	
	City	, Florida Zip Code
To the state of Access	City	<b>r</b>
New Registered Agent's Signature, if changing Registered Agent:		
at a second and agree	20 10 0CT IN THIS C	anacay i mriner avies to comply with me

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
		-NA	□Add
		□ Remove	
			□Add
			□Remove
			☐Change
			□Adđ
			□Remove
			Change
		□Remove	
			☐ Change
			□Removc
			□ Change
			□Add
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
<del></del>	
fan effecti Note: If t	date, if other than the date of filing: (optional) we 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1-15-25
	1-15-25,  Signature of a member or authorized representative of a member
	David K. Waldron II

Filing Fee: \$25.00