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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Dawn Brig Name of Link	995 LL C	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dao	Name of Person	
	**************************************	Firm/Company	
	6214 7	Talaria br. Address	
	Winde	City/State and Zip Code Sreagent @ 9m to be used for future annual report hotif	786
	dawnbrica E-mail address:	sveagent@gm	ication)
For further information co	oncerning this matter, please ca	•	•
Daww Name o	Briggs (Person	at (407) 415 Area Code Daytime	Telephone Number
Englosed is a check for th	ne following amount:		
/	□ \$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

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

Dawn Briggs Rea	Ity, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000195731</u> .	re filed on 12/29/14	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the	e 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 registered agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:		IXI Si	
New Registered Office Address:		CRE	·.
Tev Registred Office (Redesign	Enter Florida street address Florida	TARY ASSEI	to specialists
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		8: 5 SIA	a conte
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	rformance of my duties, and I an wided for in Chapter 605, F.S. O	n familiar wit r, if this docu	h and ment is

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title Name Address Type of Action Add Remove Add Remove Add Remove Add Remove Add Remove	MGR = MS $AMBR = AS$	anager uthorized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than	the date of filing: (optional)
	the date of filing: (optional) cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
late this document is filed by th	

Page 3 of 3

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SECRETARY OF STATE
TALLAHASSEE FLORIO