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FEB 03 2017 J. HARRIS

COVER,LETTER

Div	ision of Corp	porations	*	
SHRIFCT.	DOVE REA	LTY GROUP LLC		
SODJIACI.	1112	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		MATTHEW A DOVNER		
			Name of Person	
			Firm/Company	
		8845 WOODGROVE RID	GE COURT	
			Address	
		BOYNTON BEACH, FL 3	33473	
			City/State and Zip Code	
		MDOVNER@GMAIL.COM		
		E-mail address; (1	to be used for future annual report notifica	ation)
For further in	formation co	ncerning this matter, please ca	all:	
MATTHEW	A DOVNE	₹	at () 322-9189 Area Code Daytime T	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COURIER	R ADDRESS:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOVE REALTY GROUP LLC		
(Name of the Limited I (A)	iability Company as it now appears on our records.) Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liabi	lity Company were filed on 03/21/2016	and assigned
Florida document number L16000057082	.	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
MATT DOVNER LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		7 132
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO.	X)	1 42
		F S
	registered office address on our records, enter	the name of the new
registered agent and/or the new registered office	<u>e address here</u> :	98 OHE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	Florida, Florida	T. O. I.
	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
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	effective date that not an effect	ctive time, at 12:01 a.m. on	the earlier of:
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