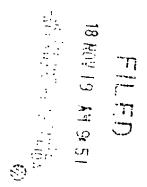
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEARBORN PROPERTIES 53 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD RATTS Name of Person
DEARBORN PROPERTIES 53 LLC Firm/Company
100 CHURCH AUE Address
ENGLEWOOD FL 34223 City/State and Zip Code
RICHARD RATTS O VAHOU. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Name Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEAR BORN PROPER (Name of the Limited Liability Com (A Florida Limite	opany as it now appears on our ed Liability Company)	L C records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/600099033</u>	iny were filed on $05/$	20/20/6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
	ing name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) ailing address, if applicable: ress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the	
Enter new mailing address, if applicable:		= : : : : : : : : : : : : : : : : : : :
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u></u>
registered agent and/or the new registered office address h		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P. 19 11	I I
	Enter Florida street	adaress
	City	, Florida Zip Code
	v nj	zip Conc

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** 1350 FORKED CREEK DR DANG ENLLSWOOD FL. 34223 AMBR NICK J LALONDE **K**Remove ☐ Change □ Add ☐ Remove $\frac{1}{2}$ **⊡**-Change Ś ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove _____ Change

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Filing Fee: \$25.00