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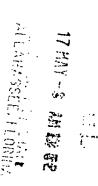
(Re	questor's Name)	
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	DGLG Tran	sitions Properties LLC		
		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		John P. Martin		
			Name of Person	
		John P. Martin, P.A.		
			Firm/Company	
		401 S. Lincoln Ave.		
			Address	
		Clearwater, Florida 33756		
			City/State and Zip Code	
		dgriggs@griggspracticetran	sitions.com to be used for future annual report notifie	cation)
Conforthonic	-formation as	oncerning this matter, please ca	•	zation <i>)</i>
roi tuttilei ii	mormation co	incerning this matter, please ca	ш.	
John P. Mar	tin		727 467-9470 at ()	
	Name of	Person	at ()	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

DGLG Transitions Properties LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	_)	
The Articles of Organization for this Limited Liability	Company were filed on December 1, 2016		and assigned
Florida document number L16000218038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
		, , , ,,, ,,	
Enter new mailing address, if applicable:	<u> </u>	35-	
Mailing address MAY BE A POST OFFICE BOX)			6 \$
			Nage Nage
		25	₩ ©
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad-		, enter the	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	Zip Code
	Спу		ыр соне

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
Mgr	Linda E. Griggs	105 HARRISON AVE.	⊟ Add
		BELLEAIR BEACH, FL 33786	□ Remove
			☐ Change
			☐ Remove
		<u> </u>	Change
		 	17 Add
			Remove
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ffective date, if other than th	e date of filing:	(optional)	
an effective date is listed, the date mulote: If the date inserted in this b	e date of filing: st be specific and cannot be prior to date of filing lock does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.0207 listed as
ocument's effective date on the I	Pepartment of State's records.		
e record specifies a delaye	d effective date, but not an effecti	ive time at 12:01 a m on the ea	rlier o
The 90th day after the re-		ive time, at 12.01 a.m. on the co	iriici o
	2017		
May 4			
May 4	,,		
Dated May 4 A Da	Signature of a member or authorized represen		

Page 3 of 3

Filing Fee: \$25.00