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TALLAHASSEE, FLORID,

FEB 03 2017 S. YOUNG

COVER LETTER

Div	ision of Corp	porations	-3		•	
SUBJECT:	DOV REAL	ESTATE, LLC				
Sebole 1.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Martin Pesta				
			Name of Person			
			Firm/Company			
		649 E. Sheridan #106				
			Address		<u></u>	ESE SE
	Dania Beach, FL 33004				1 FEB	CRET
			City/State and Zip Code		2	\$35.4 \$35.4
		mar.pesta@gmail.com	to be used for future annual repor	t notification)	72	ीयों का जा
For further in	formation co	ncerning this matter, please c	•	(normeation)	ယ့ <u>ဖ</u> ွ	の記念に
Martin Pesta			954 6097483 at ()	3		24.76
	Name of	Person		aytime Telephone 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 Fe Certificate of S Certified Copy (additional copy is	tatus &	

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

VDO REAL ESTATE, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 12/27/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	7100
		71
		田芸芸
Enter new mailing address, if applicable:		-2 SEE
(Mailing address MAY BE A POST OFFICE BOX)		7 7
		جَةِ بِي جَةِ
		क्ष हुल
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Martin Pesta	649 E. Sheridan ST. #106 Dania Beach, FL 3	3004 ¤ (Add
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				**
Effective date, if other than the date of fif an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department	and cannot be prior to date of meet the applicable s	of filing or more than 90 da tatutory filing requiremen	(optional) ys after filing.) Pursuant to 60 tts, this date will not be lis	05.0207 ted as
ne record specifies a delayed effectiv The 90th day after the record is file	e date, but not an ed.	effective time, at 12	:01 a.m. on the earl	ier of
January 30 Dated	2017			
	<u> </u>			
Signature of	f a member or authorized	representative of a member		

Page 3 of 3

Filing Fee: \$25.00