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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO:	Registration of	on Section Corporations				
SUBJE		DAUPHIN LANE LLC				
JODGI.		Name of Limited Liability Company				
The end	closed Article	es of Amendment and fee(s) are submitted for filing.				
Please	return all corr	respondence concerning this matter to the following:				
		ITAY GUY				
		Name of Person				
		Defridge Ave LLC				
		Firm/Company				
		2630 Edgewater Drive				
		Address				
		Orlando, Fl. 32804				
		City/State and Zip Code				
		itay@exclusivecollection.com				
		E-mail address: (to be used for future annual report notification)				
For furt	ther informati	ion concerning this matter, please call:				
ITAY (GUY	at (
	Na	ame of Person Area Code Daytime Telephone Number				
Enclose	ed is a check	for the following amount:				
\$25	i.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

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

Defridge Ave LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com-	npany were filed on Jan. 11, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
	-	111
Enter new mailing address, if applicable:		一
Mailing address MAY BE A POST OFFICE BOX)		20
		Eligi P D
		高级 一
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		nter the name of the ne
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		l a
	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 = Manåger AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Exclusive Collection Fine Homes, INC	2630 Edgewater Dr.	
		Orlando, FL 32804	■ Remove
			Change
AMBR	SGC HOLDINGS USA, LLC	2630 Edgewater Dr.	
		Orlando, FL 32804	Remove
			Change
			Add
			□ Remove
			Change EB
			Remove
			DE Change
			□ Add
			Remove
			Change
			Remove
			□ Change

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	Giri S
iffec	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on e 90th day after the record is filed.
111	e both day after the record is filed.
) Date	d
	e.

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Typed or printed name of signee

Filing Fee: \$25.00