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(Ci	ty/State/Zip/Phone	: #)
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COVER LETTER

	Registration S Division of Co				
cup in c		AL ESTATE HOLDINGS LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
			ALAN J. PAOLI		
			Name of Person	<u>.</u>	
THE LAW OFFICE OF AUGUST C. PAOLI, P.A.					
Firm/Company					
		1720 H	ARRISON STREET, SUITE 6CW		
		· · · · · · · · · · · · · · · · · · ·	Address		
HOLLYWOOD, FL 33020					
			City/State and Zip Code		
			N@PAOLILAWFL.COM	 	
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information	concerning this matter, please c	all:		
ALAN J	. PAOLI		954 925-9828 at ()		
	Name	of Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for	the following amount:			
\$25.0	00 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: 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

DAC REAL E	ESTATE HOLDINGS LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	-
the Articles of Organization for this Limited Liability Company orida document number L17000036043	y were filed on $\frac{2/14/2017}{}$ and a	assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation	"L.L.C."
nter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	,	
8. If amending the registered agent and/or registered office address he	· · · · · · · · · · · · · · · · · · ·	PS the
egistered ngent und/or the new registered office address ne	-	Ž.
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		6 7
	Enter Florida street address	
 	, Florida City Zip Coo	da
	Cay Zip Coo	æ

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>	<u>Address</u>	Type of Action
AMBR	CARMEN CAMACHO	206 NE 2ND AVENUE	■ Add
		DANIA BEACH, FL 33004	☐ Remove
			Change
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Effec	tive date, if other than the date of filing: (ontion	1al)	
Note	tive date, if other than the date of filing:	ling.) Pursuant to 60: fate will not be list	5.0207 (ted as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a. e 90th day after the record is filed.	m. on the earli	ier of
_	October 3 2017.		
Date	, , , , , , , , , , , , , , , , , , ,		
Date	1//-		

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Typed or printed name of signee

Filing Fee: \$25.00