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COVER LETTER

Division of Corporations
JBJECT: DBI EXECUTIVE REAL ESTATE LLC, Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
ROBERTW. PRIEZ Name of Person
PRI EXECUTIVE ZEAL ESTATE LL, Firm/Company
15 15 PEZIMETER 2D SUITE 104 Address
WEST PACM REACY FL 33406 City/State and Zip Code RPRIEZ @ 2BI EZE. COM E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
RAZIEZT PRIEZ at (315) 323 -1262 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (certified Copy (additional copy is enclosed))

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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**

PBI EXECUTIVE (Name of the Limited Liability Compa (A Florida Limited	REAL ESTATE LCC, invas it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17 6000 40 [0]</u> .	. , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ulity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	- 1 × 1 × 1
New Registered Office Address:	Enter Florida street address
	City . Florida . Zip Gode
	• •
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** Title **Name** <u>Address</u> MICHAEL J. DEPM MGR 1515 PERIMETER RD ZM FLOCR - STE 104 WEST PACK REACH, F/ 37406 Change MGR LOBERT W. PRIEL 1515 PERIMETE 20 SUITE 104 PRemove WIEST PALM BEACH, FL 3340 Change Filon: AMBR _ Add To: ☐ Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove

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	n 90 days after filing.) Purso irements, this date will n	ant to 605.0 of be listed
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on th	ne earliei
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Signature of a member or authorized representative of a n		

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Filing Fee: \$25.00