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(Rec	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	ľ
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COVER LETTER

Division of Corp			
SUBJECT:	ex Real est	de 140	
SUBJECT:		ited Liability Company	
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The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dilon	Dellerbach	
		Name of Person	
	Dilex (x	Peal estate	
		Firm/Company:	
	1002 P	Pine Br Dr Address	
		Address	
		L 33324 City/State and Zip Code Les bach (Ogmai)	
		City/State and Zip Code	·
	Dibodel	bespec h 40 smail	شم
	E-mail address: (t	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	·
Dikn Dell	erbach	ar (954)190	6-2594
Name of	Person	Area Code Daytim	e Telephone Number
		'	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
MART T	NC ADDRESS	CTD FET COURT	ED ADDRESS
	NG ADDRESS: ition Section	STREET/COURI Registration Section	
Division	of Corporations	Division of Corpor	
P.O. Bo		Clifton Building	0' 1
Tallahas	ssee, FL 32314	2661 Executive Co Tallahassec, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diex Real estate		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our re ability Company)	ecords.)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 2/21	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		70 D
Enter new mailing address, if applicable:	N/A	24 P
Mailing address MAY BE A POST OFFICE BOX)	/	<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ords, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:	•	
	Enter Florida street a	ddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		74p Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutie. ovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
	1 / / A	

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
	Alex Marrero	2365 NW PS	7th St Add
		Surrise FL 3	3323 Remove
			☐ Change
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	ve date, if other than the date of filing: (optional)
lote: I	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
ocune.	as a creedive date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	- 28 28 28 28 28 28 28 28 28 28 28 28 28
ated _	Joly 18, 2017
	Signature of a member or authorized representative of a member
	Dikn Dellerbach Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00