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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	Registration Sec Division of Corp			
eunuc		Realty LLC		
SUBJEC	T:		ted Liability Company	
The enck	osed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspon	ndence concerning this matter t	to the following:	
		Merritt A. Gardner		
		 	Name of Person	
		Gardner Law Firm		
			Firm/Company	
		5415 Mariner Street, Ste. 2	00	
			Address	-
		Tampa, Florida 33609		
			City/State and Zip Code	
		mgardner@magardner.com	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co		·
Merritt z	A. Gardner		813 288-9600	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	ne following amount:		
\$25.8	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

D.C. Simon Realty LLC		
(Name of the Limited Liability Company as it now at (A Florida Limited Liability Compa	ppears on our records.) any)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed or Florida document numberL17000135986	n June 22, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ıy here:	
D. Carter Realty LLC		
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 ADDRESS)		2019 SEC
		FEB 25
Enter new mailing address, if applicable:	<u> </u>	SE A
(Mailing address MAY BE A POST OFFICE BOX)		9 0
		<u> </u>
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, ente	r the name of the n
New Registered Office Address:		
Ente	er Florida street address	
	, Florida _	Zip Code
City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for	ce of my duties, and I ar	n familiar with and 🥏

If Changing Registered Agent, Signature of New Registered Agent

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 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
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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ffective da	te, if other than the date date is listed, the date must be sp	of filing:	to date of filing or a	(opti	onal) r filing.) Pursuant to 605.0207
Note: If the	date inserted in this block do	es not meet the applica	able statutory im	ng requirements, thi	s date will not be listed as
locument's e	effective date on the Departn	ent of State's records.			
e record s	specifies a delayed effe	ctive date, but no	t an effective	time, at 12:01	a.m. on the earlier o
The 90th	day after the record is	i filed.			
	Fobruary 20	2019			
Dated	February 20	·	·		
		` ` ^	ast.		
_	Signal	ure of a member or author	orized representativ	ve of a member	
	Signa	are of a memoer of additi	se representation		
ľ	Diane Carter f/k/a Diane C. S	mon			
_		Typed or print	ed name of signee		

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Filing Fee: \$25.00