L17000143284

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

	Registration Sé- Division of Corp			
SUBJECT	DK Propert	y Holdings, LLC		
Comme	· · <u></u>	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	•	
Please reti	irn all correspo	ndence concerning this matter	to the following:	
		Anthony J. DiGiore		
			Name of Person	
		DK Property Holdings, LI	.C	
			Firm/Company	
		200 S. Andrews Ave, Suite	e 903	
			Address	
		Fort Lauderdale, FI, 33301		
		anthony () K	City/State and Zip Code Silving City William Co to be used for future annual report notif	// (ication)
For further	information co	oncerning this matter, please co		
	Name of	Person	at () Area Code — Daytimo	· Telephane Number
	, vanie va		. Well Code Daylink	receptivite station
Enclosed i	s a check for the	e following amount:		
\$25.00	Filing Fee	S30.00 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

DK Property Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/03/2017}{100}$ _____ and assigned Florida document number $\frac{L17000143284}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
MGR	Anthony Khouri	200 S. Andrews Ave, Suite 903	∃ Add
		Fort Lauderdale, FL 33301	Remove
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in effect	ive date is listed, the date r the date inserted in this	nust be specific ar	nd cannot be prior to	o date of filing or mor	re than 90 days at	ter tiling.) Pu	arsuant to 605.02
cument	t's effective date on the	Department of	State's records.	ne statutory timig	requirements, r	ms date wit	a not be fisted
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The 90	ALGUST	Signature of a		ized representative o	f a member	TALLESSEE FLOR	8

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Filing Fee: \$25.00