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(Re	equestor's Name)	
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Y. SCOTT JUN - 3 2023

COVER LETTER .

TO: Registration S Division of Co			
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SUBJECT:	DSD REALTY, LI Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub pondence concerning this matter	-	
		DANIEL DRATCH	
		Name of Person	
		DSD REALTY, LLC	20: S.E.
		Firm/Company	75 73 F
		10612 NW 7TH STREET	2023 APR 17 SECHETAT
		Address	7 PH
		PLANTATION, FL 33324	ကြို့ ယူ 🔽
		City/State and Zip Code	
		DANIELDRATCH@GMAIL.COM to be used for future annual report not	ification)
For further information	concerning this matter, please of	all:	
DANI	EL DRATCH	at (954)312-167	7
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 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 Addr		Street Address:	antian
Registration Division of	i Section Corporations	Registration Se Division of Co	
P.O. Box 63	•	The Centre of	
Tallahassee, FL 32314		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	DSD REALTY, LLC	
(<u>Name of the Limited Li</u> (A Fl	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on 07/06/2	017 and assigned
Torida document number L17000145189		
his amendment is submitted to amend the followin	iā:	
A. If amending name, enter the new name of the	limited liability company here:	
DANIEL S DRATCH, LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·	20. SE
Principal office address MUST BE A STREET AI	DDRESS)	JAN A
		AT 70 11
		520
Enter new mailing address, if applicable:		HI R III
Mailing <u>address MAY BE A POST OFFICE ΒΟ</u> λ	<u> </u>	₩ ₩ ₩ ₩
		~ ×
3. If amending the registered agent and/or regist gent and/or the new registered office address he Name of New Registered Agent:		s, enter the name of the new regi
New Registered Office Address:		eat addresses
New Registered Office Address:	Enter Florida stre	er aaaress
New Registered Office Address:	Enter Florida stre	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.

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
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			□Remove
			☐ Change
			□Add
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ated APRIL 6TH	2023					
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Filing Fee: \$25.00