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DIVISION OF LINEFORM AND

O CHAMONS SEP 19 2017

	COVERLETTER
TO: Registration Section Division of Corporations	
<u> </u>	DIWER REOLTY LLC FLimited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
<u>Danjeile</u>	Name of Person
	Firm/Company
<u>2529 bru</u>	Address
<u>Clearwate</u>	R FL 337104 City/State and Zip Code
<u>danieje</u> E-mail addro	CUSTOM TEZIC COM ess: (to be used for future annual report notification)
For further information concerning this matter, plea	 se call:
Danielle Lower Name of Person	at (727) 254 · 8194 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Statu	
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

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

mniere Lower Realty 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 8 9 2017 and assigned Florida document number 117000 69 174.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Donielle Lower 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)
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
City Zip Code
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 or remoyed	g Authorized Person(s) authori from our records:	zed to manage, <u>enter the title, name, a</u>	nd address of each person being added
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			☐ Remove
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			SEPROVE PRINZ: 54
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			□ Remove
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			Remove
			Change

D. If afhending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
- I	
	
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	et the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective da (b) The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of:
Dated AuguST 16	2017
Signature of a me	mber of authorized representative of a member
panie	HE L. LOWER
	yped or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00