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### **COVER LETTER**

Divi	ision of Corp	orations			
eun irot.		ate Investments, LLC			
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		Dale Dennis			
			Name of Person		
		DK Real Estate Investments	s, LLC		
			Firm/Company		
		3732 Quando Circle			
			Address		
		Belle Isle, FL 32812			
		ddennis242@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (t	to be used for future annual re	eport notificatio	n)
For further in	nformation co	oncerning this matter, please ca	all:		
Dale Dennis			407 694 at ( )	-5202	
	Name of	F Person	Area Code	Daytime Tele	phone 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 (additional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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 Real Estate Investments, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u> )	
The Articles of Organization for this Limited I	Liability Company	were filed on August 14, 201	7ar	nd assigned
Florida document number L17000172680				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the <u>limited liah</u>	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		3732 Quando Circle	51_	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		Belle Isle, FL 32812	<u> </u>	<u></u>
Enter new mailing address, if applicable:		P.O. Box 593163	1	ED 2 PH
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32859	FE TORBA	<del>i.</del>
		<del>-</del>		<del></del>
B. If amending the registered agent and registered agent and/or the new registered of	• • • • • • • • • • • • • • • • • • • •		ds, <u>enter the n</u>	ame of the
Name of New Registered Agent:	Dale Dennis			
New Registered Office Address:	3732 Quando (			
<del>-</del>		Enter Florida street addi	5.33	
	Belle Isle	I	Florida 32812	
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Kimberly Dennis	3732 Quando Circle	
AMBR			■ Add
		Belle Isle, FL 32812	
			□ Remove
			<b></b>
		25/5 0 1 1 1 1 1 1	Change
AMBR	John Gesch	7565 St. Andrews Rd.	Add
<del></del>		Lake Worth, FL 33467	B Add
			□ Remove
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Effective date, if other than	the date of filing:		(optional)	
(If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the series of the series	is block does not meet the a	applicable statutory filing	requirements, this date will not	t be listed as t
he record specifies a del	ayed effective date, bu	ut not an effective ti	me, at 12:01 a.m. on the	e earlier of:
The 90th day after the				
Dated	2019	<u> </u>		
		<u> </u>		
S he	/ 4 /s	, 		
	Signature of a member of	or authorized representative of	f a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00