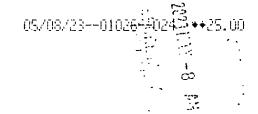
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COVER LETTER

TO:

TO: Registration Division of C			
	0 PROPERTY, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JEFFREY SELZER		
		Name of Person	
	SELZER LAW		
		Firm/Company	
	2550 NE 15th AVENUE		
		Address	
	FORT LAUDERDALE, F	L 33305	
	JEFF@SELZERLAW.COM	City/State and Zip Code A	
	-	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	-
ANDY MARTIN		910 684-0716 at ()	. 1
Name	of Person	Area Code Daytime Teleph	ione Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEE 2440 PROPERTY, LLC		
(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records. d Liability Company)	J
The Articles of Organization for this Limited Liability Compar	y were filed on 10/13/2017	and assigned
Florida document number L17000212692		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		-F. 14
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		**************************************
		<u> </u>
		1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Flor	rida 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Anthony DeRiggi	TEE A. DeRiggi Trust UAD 10/28/2022	□Add
	6192 NW 24th Street	≡ Remove	
		Boca Raton, FL 33434	□Change
			🗆 Add
			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the ument's effective date on the Department of State's r	e applicable	te of filing or n statutory filir	ore than 90 days g requirements	optional) safter filing.) Pur s, this date will	suant to 605.02 not be listed
ecord specifies a delayed effective date, but not an effe is filed.	ective time,	at 12:01 a.m.	on the earlier o	of: (b) The 90	th day after tl
ted May 4 2022	3 	/			
	/ -				

Filing Fee: \$25.00