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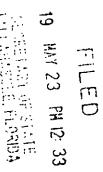
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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O SIMMONS
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: D3	DROW ESTA Name of Lim	+C (7100); Lil	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Chardelin</u>	Name of Person	
	D3D Ken	Firm/Company	
	12555 Bi	SCAUND Blud -	#74 <u>D</u>
	North Wien	NI FL 33160 City/State and Zip Code	
	DVD Recy ESH	EXTENDICIONAL (2) TO THE REPORT HOUSE	and LOM
For further information co	ncerning this matter, please ca	ill:	
Chardeline	Vigne	at (305) 51D	-9246
Name of	rerson	Area Code Daytime	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 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

D3D Real Estate Gra	opilic.	
(Name of the Limited Liability Compai (A Florida Limited L	ny as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number 1700240325	were filed on 11 31 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	ين اينيان
D3D Real Estate Conciere		
The new name must be distinguishable and contain the words "Limited Liabil		43 3> 15
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	North Miamy F	1 33160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12555 Biscayr Worth Wiami pt	V BIVD # 740
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haraby account the approintment as received account and appe	as to act in this converts. I havele	m arman to commit with the

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			☐ Add
			☐ Remove
			Change
			Add
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		-	2: 38 2: 0.28
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			□ Remove
			☐ Remove

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	PH 73 PH 72:
	70.2
	33
E. Effec	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docui	ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
` . '	
Dated	May 20,2019 //2 -
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00