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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: DLD Real Estate LLC  Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dana Demos Name of Person  DLD Real Estate UC Fim/Company  6310 Sand Hills Cu Address  Lake Worth & 33463  City/State and Zip Code  danaly nn demos @ hotmail com  E-wall address: (to be used for future annual report notitication)					
E-mil address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dana Demos at (501) 185-4455  Name of Person at (501) Daytime Telephone Number					
Enclosed is a check for the following amount:					
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee 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

DLD Real Esta	
(Name of the Limited Liability Compa (A Florida Limited L	ability Company)
The Articles of Organization for this Limited Liability Company Florida document number \( \bigcup \big   8000 \lambda 293 \( \alpha \).	were filed on $3/9/2018$ 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:
Dana Demos LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	c 18
(Principal office address MUST BE A STREET ADDRESS)	F8 = 1
(TIMEQUA OFFICE UNDTESS MOST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7
B. If amending the registered agent and/or registered of 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 agroprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	GR = Manager ABR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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Effective date, if other than effective date is listed, the Note: If the date inserted document's effective date	e date must be specific ar in this block does not	nd cannot be prior to d meet the applicable	ate of filing or more than statutory filing requi	(optional) 100 days after filing.) I rements, this date w	Pursuant to 605.0207 ( ill not be listed as t
ne record specifies a The 90th day after			n effective time,	at 12:01 a.m. o	n the earlier of:
Dated 3/19/2	POLF Nightsture of a	Mariember or authorize	d representative of a na	ember	
	Dana	Demos Typed or panted to	ame of signee		

Page 3 of 3

Filing Fee: \$25.00