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COVER LETTER

TO: Registration Section Division of Corporations

DERRUM PROPERTIES BZE, LLC SUBJECT:

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:

LORI LANDRUM:

Name of Person

THE PRIVATE CLIENT LAW GROUP

Firm Company

_ _ _ _ _ _

75 14th STREET NE, SUITE 2200

Address

ATLANUA, GEORGIA 30309

City/State and Zip Code

1 -mail address: (to be used for future annual report portication)

For further information concerning this matter, please call:

LORI LANDRUM 404 389,9039 at (_____) Name of Person 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 cop) is enclosed) So0.00 Filmy 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

DERRUM PROPERTIES BZE, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L18000134617</u>	were filed on MAY 30, 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:	
DPB REDUX, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "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 amouding the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

		Zip Code
		Florida
<u>New Registered Office Address:</u>	Enter Florula street ade	diess
Name of New Registered Agent:		

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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			O Add
			🗆 Remove
			Change
			O Add
			C Remove
			Change
			D Add
			🖾 Remove
			🖸 Change
			O Add
		· · · · · · · · · · · · · · · · · ·	-
			Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary,)*

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Jenke ZG 2014 JAWAA MANAGER Signature of a member of authorized representative of a member LISA WALL, MANAGER Typed of printed name of signee ____

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Filing Fee: \$25.00