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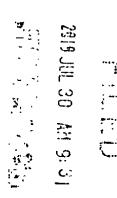
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Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	DLP REALTY LLC	<i>;</i>		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Donald Wenner			
	DLP Realty LLC	Name of Person		
	605 Palencia Club Drive	Firm/Company		-
	St Augustine, FL 32095	Address		
	BARRY@DLPRE.COM	City/State and Zip Code		-
C - C - ale a la Comunicio		to be used for future annual rep	ort notification)	-
	n concerning this matter, please c			
BARRY DEGROOT		904 342-6 at ()		
Nan	e of Person	Area Code	Daytime Telephone Number	: _
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration Division of Clifton Buil	Corporations	÷

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLP RE	ALTY LLC	-
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records, mited Liability Company))
The Articles of Organization for this Limited Liability Con Florida document numberL18000282335	npany were filed on 12/07/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	<u> </u>
Enter new mailing address, if applicable:		2815 J
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, ss <u>here</u> :	enter the name of the na
Name of New Registered Agent:		_ _
New Registered Office Address:	Enter Florida street address	
	Floi 	rida
New Registered Agent's Signature, if changing Registered A	·	,

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	DONALD WENNER	605 Palencia Club Drive St Augustine, FL 32095	B Add
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		-	☐ Change
			□ Remove
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			□ Remove
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ffective d	ate, if other than the da date is listed, the date must be	ite of filing:	prior to date of filing	(or ir more than 90 days at	otional) fter filing.) Pursuan	t to 605,020
<u>iote:</u> If the	date inserted in this block	k does not meet the ap	pplicable statutory I	iling requirements, t	this date will not	be listed a
ocument's	effective date on the Depa	ritment of State's rec	ords.			
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oated July	1	gnature of a member or	authorized representa	ative of a member		

Page 3 of 3

Filing Fee: \$25.00