L1900000813Z

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COVER LETTER

ΓO:	Registration Se Division of Cor			
SUBJE		L REALTY, LLC		
SU DJ F	CI:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		PIERRE DERONVIL		
			Name of Person	
			Firm/Company	
		163 SILVER GLEN AVE		
		SAINT AUGUSTINE, FL	Address	
			City/State and Zip Code	
		deronvilp@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report noti	fication)
For tur	ther information c	oncerning this matter, please ca	ill:	
Pierre I	Deronvil		561 385-0808 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
B \$25	5.00 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:

TO:

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

DERONVIL REALTY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L19000008132 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited <u>liability company here</u>: PRD INVESTMENT PROPERTIES, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
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			☐ Change
			Add
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Effective date, if other than the fan effective date is listed, the date in	e date of fiting: ast be specific and c	annot be prior to	date of filing or	() more than 90 days	optional) after filing.) Pursuant	to 605,0207
Note: If the date inserted in this b	olock does not me	et the applical	ole statutory fili	ng requirements	, this date will not b	e listed as t
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APRIL 24 Dated		2019				
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	Signature of a me	ember or author	zed representativ	e of a member	,	_

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Typed or printed name of signee

Filing Fee: \$25.00