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T. MATTHEWS APR -1 2022

COVER LETTER

Division of Cor			
CALAR ARX COM	ERVE, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stanford R. Solomon		
		Name of Person	
	The Solomon Law Group,	P.A.	
		Firm/Company	
	1881 West Kennedy Boule	evard, Suite D	
		Address	"
	Tampa, Florida 33606		
	agent@solomonlaw.com	City/State and Zip Code	
	= =	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Stanford R. Solomon		813 225-1818	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 11 1 1 . 12: 44

DBL RESERVE, LLC			221.	
(Name of the Limited	Liability Compa VFlorida Limited	iny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number 1.19000024165	bility Company	were filed on Janua	ry 29, 2019 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company "the design	mation "11 C" or the abbreviation "1 1 C"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1881 West Kennedy Boulevard, Suite D Tampa, Florida 33606		
B. If amending the registered agent and/or registered office address	here:		rds, enter the name of the new register	
Name of New Registered Agent:	The Solomon Law Group, P.A.			
New Registered Office Address:	1881 West Ken	medy Boulevard, Suite		
		Enter Florida	street address	
	Tampa		Florida 33606	
		City	Zip Code	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Donald P. Biedrzycki, Jr.	1881 West Kennedy Boulevard, Suite D	≣Add
		Tampa, Florida 33606	□Remove
			□Change
MGR	Joseph C. Meux, Jr.	1301 Riverplace Blvd., Suite 1500	□Add
		Jacksonville, FL 32207	■Remove
			□Change
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ective date, if other than th	ie date of filing:	March 14, 2022		(option	ıal)	
reffective date is listed, the date m te: If the date inserted in this l						
cument's effective date on the	Department of State	e's records.		jan emento, tipo c		
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cord specifies a delayed effect s filed.	ive date, but not an	effective time, a	C12:01 a.m. on th	ic carrier or. (b)		
s filed.		effective time, a 2022	t 12:01 a.m. on th	e carret (ii. (b)		
s filed.			t 12:01 a.m. on th	e caner or, (o)		
s filed.	121726	2022 YOMOV	representative of a			

Filing Fee: \$25.00