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| (Requestor | s Name) |
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| (Address) | |
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| (City/State/2 | Zip/Phone #) |
| PICK-UP \ | VAIT MAIL |
| (Business E | intity Name) |
| (Document | Number) |
| Certified Copies Co | ertificates of Status |
| Special Instructions to Filing Of | ficer: |
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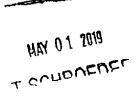
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COVER LETTER

TO:

| | gistration Se vision of Cor | | | |
|---------------|--------------------------------|---|--|--|
| eilb irze. | Dover Trus | st Property Holdings, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | n all correspo | ondence concerning this matter | to the following: | |
| | | Hene Michelson | | |
| | | | Name of Person | |
| | | Law Office of Stuart R. M | ichelson | |
| | | | Firm/Company | |
| | | 800 SE Third Avenue, For | irth Floor | |
| | | | Address | |
| | | Fort Lauderdale, Florida 3 | 3316 | |
| | | | City/State and Zip Code | |
| | | ilenemichelson@aol.com | _ | |
| | | | to be used for future annual report noti | fication) |
| For further i | nformation c | oncerning this matter, please ca | nH: | |
| Hene Miche | lson | | 954 463-6100 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| \$25.00 1 | 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) |
| | Registr Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURI Registration Section Division of Corpor Clifton Building | on |
| | Tallaha | issee, FL 32314 | 2661 Executive Co | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dover Trust Property Holdings, LLC | | |
|--|--|---------------------------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Lia | Company as it now appears on our recornited Liability Company) | <u>'ds.</u>) |
| The Articles of Organization for this Limited Liability Com Florida document number L19000098726 | pany were filed on 4/10/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Enter new mailing address, if applicable: | | R 22 |
| (Mailing address MAY BE A POST OFFICE BOX) | | PH 1:2 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | ed office address on our records here: | 5m o |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | CSS |
| | | |
| _ | F | lorida 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> | Name | <u>Address</u> | Type of Action |
|--------------|--------------------|--------------------------------|--|
| MGR | Anthony J. Curreri | 3400 Galt Ocean Drive | |
| | | Unit 1910-S | |
| | | Fort Lauderdale, Florida 33308 | |
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| . Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the | the date of filing: must be specific and cannot s block does not meet the | e applicable statuto | ing or more than 90 days ry filing requirements | optional) cafter filing.) Pur this date will | suant to 6 not be li | 05.0207 (3) isted as the |
| the record specifies a dela b) The 90th day after the | | out not an effe | ctive time, at 12: | 01 a.m. on | the ear | lier of: |
| Dated April 18 | 201 | 9 | | | | |
| | ere R.M. | ichels | N. Esp | 1 | | |
| <u></u> | Signature of a member | or authorized repres | entative of a member | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00