L19000100465

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2022 MAR -4 AM 8: 29
SECRETARY OF STATE

A. BUTLER MAR 14 2022

COVER LETTER

TO:		ation Sec 1 of Corp		·	•
CUDIE		NCE DE	LEON MOTORCOACH RES	SORT & SPA, LLC	.•
SUBJEC	L 1:		Name of Lim	ited Liability Company	
The encl	losed Ari	icles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all	correspon	dence concerning this matter	to the following:	
			Kelly Roberts		
				Name of Person	
			Robert Law, PLLC		
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			2075 Main Street, Suite 23		
				Address	
			Sarasota, FL 34237		
				City/State and Zip Code	
			kelly@kellyrobertslaw.com		
			E-mail address: (to be used for future annual report not	ification)
For furth	er infor	nation co	ncerning this matter, please ca	all:	
Kelly Re	oberts			941 402-3831	
		Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	tisacho	ck for the	e following amount:		
■ \$25.	.00 Filin	y 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)
		Address:	=	Street Address: Registration Se	ection
			orporations	Division of Co	
	P.O. B	ox 6327	•	The Centre of	Tallahassee
	Tallah	assee, Fl	L 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -4 AM 8: 29

PONCE DE LEON MOTORCOACH RESORT & SPA, LLC

(Name of the Limited Liability Company as it now appears on our records) (Eligible CF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/11/2019}{2}$ __ and assigned Florida document number L19000100465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DILAURA DEVELOPMENT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

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
			□Add
			□Remove
		 	Change
			□Add
			Пестюче
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			□Remove
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			<u>П</u> Rепюче
			☐ Change

 	
	
fective date, if other	r than the date of filing: (optional)
mi entocarve dane is fisted.	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 and in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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Filing Fee: \$25.00