 		
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

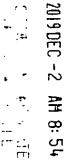
Office Use Only

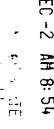


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COVER LETTER

	gistration Se ision of Cor				
CUDIFOT.	DT Redgro	ve LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Deborah M Ward			
			Name of Person		_
		DT Redgrove, LLC			
			Firm/Company		<u></u>
		8931 SW 197th Street			
			Address		-
		Cutler Bay, FL. 33157			
			City/State and Zip Code	<u> </u>	
		dcbt03@gmail.com	2 1 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X		
For further i	nformation co	n-mail address: (oncerning this matter, please c	to be used for future annual all:	report notification)	
Deborah M	Ward		305 540	6-9563	
	Name of	f Person	Area Code	Daytime Telephone Number	27
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certific losed) Certifie	ate of Status &
Re Di P.(illing Address gistration S vision of C D. Box 632 Ilahassee, F	Section orporations 7	Division The Cen	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DT REDGROVE, LLC

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability C Florida document number 1.19000117142	Company were filed on 04-30-2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	tited 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 ADDR	RESS)	2019
		E II
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		- 00
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
N. B. '. 14000 A.11		
New Registered Office Address:	Figur Florido etraat addrace	
New Registered Office Address:	Enter Florida street address	rida

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>	Address	Type of Action
AR	Thomas R Ward	3113 Vista Oaks Circle NE	□ Add
		Palm Bay, FL. 32905	
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		 	□ Change
			□ Adđ
			□Remove
			□Change
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			Remove
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			☐ Change

Page 2 of 3

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<u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/23/2019 Deborah M. Wand
	Signature of a member or authorized representative of a member
	Deborah M Ward

Page 3 of 3

Filing Fee: \$25.00