Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REED MAWHINNEY & LINK, PLLC

Account Number : 120180000105 Phone : (863)687-1771 Fax Number : (863)687-1775

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D2 PROPERTIES, LLC

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Corporate Filing Menu

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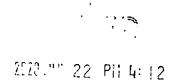
istration Section of Corp	tion orations		
D2 Propertie	s, LLC		
	Name of Linut	ed Liability Company	
1 Articles of A	unendment and fee(s) are subn	nitted for filing.	
	Andrew M. Reed		
	4	Name of Person	
	Reed Mawhinney & Link, I	PLLC	
		Finn/Company	
	1611 Harden Blvd.		
		Address	
	Lakeland, FL 33803		
		City/State and Zip Code	
	andy@polklawyer.com	to be been annual record not	lication)
			<i>Matterly</i>
information co	oncerning this matter, please ca	all:	
Reed		863 687-1771	
Name of	Person	Area Code Daytim	e Telephone Number
a check for th	ne following amount:		
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 & Centified Copy (additional copy is enclassed)
	D2 Propertie I Articles of A all correspondinformation of Reed Name of a check for the content of the check for	Name of Limit I Articles of Amendment and fee(s) are submall correspondence concerning this matter to Andrew M. Reed Reed Mawhinney & Link, I 1611 Harden Blvd. Lakeland, FL 33803 andy@polklawyer.com E-mail address: (information concerning this matter, picase can be a check for the following amount: Filing Fee \$30.00 Filing Fee &	Ison of Corporations D2 Properties, LLC Name of Linuited Liability Company Articles of Amendment and fee(s) are submitted for filing. I all correspondence concerning this matter to the following: Andrew M. Reed Name of Person Reed Mawhinney & Link, PLLC Finte/Company 1611 Harden Blvd. Address Lakeland, FL 33803 City/State and Zip Code andy@polklawyer.com E-mail address: (to be used for future annual report not information concerning this matter, please call: Reed Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certified Copy

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

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MINICULU OF GENERALIDITEDITA TO ARTICLES OF ORGANIZATION



D2 Properties, LLC		
(Name of the Limited Liable (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 09/24/2019	and assigned
L19000242333		
Florida document number L19000242333	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
DarDan Properties, LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Trinegral office districts passes.	·	
Enter new mailing address, if applicable:		
-		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registers	ed office address on our records, enter th	ie name of the new regist
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	:	
agent and of the new eggs		
Name of New Registered Agent:		
Little Or Man Wells Sidn TPan.		
New Registered Office Address:	Enter Florida street address	
		• 1
	, Flor	ida

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

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To: Division of Corporations Florida Departm	Page 4 of 5 2020-07-22 19:19:55 (GMT)	
or removed from our records:		
MGR = Manager AMBR = Authorized Member		1
Title Name	Address	

H200002384723

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Add
			Remove
		☐ Change	
		CJAdd	
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			CIChange
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			□Change

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). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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•	e date if other than the date of filing:
(If an effor	e date, if other than the date of filing: tive dute is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	June 22 . 2020 Classed Louis
	Signature of a member or authorized representative of a member
	Typed or printed name of signoc