9/20/21, 4:13 PM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000351956 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

; ALAN 3. MARCUS, ATTORNEY AT LAW Account Name

Account Number : 120190000099 Phone : (305)937-1800

: (305)937-1857 Fax Number

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

Email Address: dbaumgard@ima-re.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DB DELTONA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 2 2 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

Division of Corp	porations		
DB DELTO	NA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	enclosed Articles of Amendment and fee(s) are submitted for filing. Le return all correspondence concerning this matter to the following: Alan J. Marcus Name of Person Alan J. Marcus, Attorney At Law		
rease resum an correspon	Manage and designing true transmit		
	Alan J. Marcus		
		Name of Person	
	Alan J. Marcus, Attorney A	at Law	
		Firm/Company	
	20803 Biscayne Boulevard	, Suite 301	
		Address	
	Avennira, FL 33180		
		City/State and Zip Code	
	dbaumgard@ima-re.com	to be used for future annual report not	rification)
For fluther information c	oncerning this matter, please o	•	arcanos)
	oncerning and maner, prease of		
Alan J. Marcus		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres	Section	Street Address: Registration S	
Division of C		Division of Co The Centre of	
P.O. Box 632 Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DB DELTONA, LLC	
(Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company)	rds,)
The Articles of Organization for this Limited Liability Company were filed on 10/18/2019	and assigned
Florida document number L19000252370	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	 5
DB SUNTONA, LLC	SE 1207 1807 1807 1807 1807 1807 1807 1807 18
The new name must be distinguishable and contain the words "Limited Lizbility Company," the designation "LL	C" or the abbreviation "L. "
Enter new principal offices address, if applicable:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Principal office address MUST BE A STREET ADDRESS)	
	10 To
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, ente agent and/or the new registered office address here:	r the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addr	ens.
T.	
City	lorida

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 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	Address	Type of Action
			DAdd
			□Remove
			☐ Change
			DAdd
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
-			CÎ Add
			□Remove
			□Remove
			□ Channa

			···			<u> </u>	
	.					_	
				<u> </u>			
			<u>.</u>				
			 	<u></u>			
			· ·				
			<u> </u>				
							~ 5 ~ 43
							2021 SEP 21 AM 10: 1
						 _	
	<u></u>			·			
fan effective d Note: If the	te, if other than th atc is listed, the date m date inserted in this b ffective date on the l	ist be specific an lock does not:	d cannot be prio meet the appli	cable statutory i	or more than 90 day	(optional) is after filing.) Puri is, this date will	mant to 605.020 not be listed a
record speci d is filed.	ifies a delayed effect	ve date, but no	t an offective	time, at 12:01 a.	m. on the earlier	of: (b) The 900	h day after the
eted	SEPTEMB	ER 21	2021	· ,			
		Signature of a	member or aut	onized represents	itive of a member		
				<u> </u>			