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.

(((H23000363939 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : 120230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

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

Email Address: /NFO@PRIMETILING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DACF REAL ESTATE INVESTMENT LLC

Certificate of Status	0
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S R MERTO CDI 19 2023

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(H23000363939 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DACF REAL ESTATE INVESTA		
(A Flori	llity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on12/16/2019	and assigned
lorida document number L19000300574		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited itability company here:	
		ڊ نستا
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		,
Principal office address MUST BE A STREET ADD	ORESS)	
		:
inter new mailing address, if applicable:		**
Mailing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or registered entire and/or the new registered office address here:	ed office address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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.

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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

Title	Name	Address	Type of Action
MGR	Patricia C.Crugnale	495 Brickell Avenue # 5208	& Z ∕Add
		MIAMI, FL 33131	□Remove
			Change
			□Add
			□Remove
		·····	Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

f amending any othe	r information, enter change((s) here: (Attach additio	nal sheets, if necessary.)	
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ffective date, if other	than the date of filing: the date must be specific and cannot be in this block does not meet the		(optional)	
	in this block does not meet the son the Department of State's re		e than 90 days after filing.) Pursua: requirements, this date will no	nt to 605.020 t be listed a
record specifies a delayer is filed.	d effective date, but not an effec	tive time, at 12:01 a.m. on	the earlier of: (b) The 90th of	lay after the
October 17	, 2023	<u>} </u>		
		7-95 cm		
· · · · · · · · · · · · · · · · · · ·	NT A	r authorized representative of		