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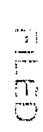


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SECRETARY OF STATES
TALLAHASSEE, FL

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COVER LETTER

porations				
y Invetments, LLC				
Name of Lin	nited Liability Company			
Amendment and fee(s) are sub	omitted for filing.			
ondence concerning this matter	to the following:			
Jay M. Needelman				
	Name of Person			
Jay M. Needelman, CPA				
	Finn/Company			
520 West 47th Street				
	Address			
Miami Beach FL 33140				
	City/State and Zip Code		202 SE	
cpa160@aol.com			ALL CRE	وابعة
		rication)	JG 13 TARS	
	305 495-7190		PH;	17
Person		c Telephone Number	2: 45 7ATE FL	-
e following amount:				
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	Status &	
	y Invetments, LLC Name of Lin Amendment and fee(s) are substituted and see(s) are substituted and se	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jay M. Needelman Name of Person Jay M. Needelman. CPA Firm/Company 520 West 47th Street Address Miami Beach FL 33140 City/State and Zip Code cpa160@aol.com E-mail address: (to be used for future annual report not oncerning this matter, please call: Decrease at (an address) Area Code Daytim Ferson Firm/Company S20 West 47th Street Address Miami Beach FL 33140 City/State and Zip Code cpa160@aol.com E-mail address: (to be used for future annual report not oncerning this matter, please call: Decrease at (an address) Certificate of Status Certificate Copy	Name of Limited Liability Company	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jay M. Needelman Name of Person Jay M. Needelman Name of Person Jay M. Needelman, CPA Firm/Company 520 West 47th Street Address Miami Beach FL 33140 City/State and Zip Code cpa160@aol.com E-mail address: (to be used for future annual report notification) meerning this matter, please call: The son at (305

Mailing Address:

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DU Property Investments, LLC						
(<u>Name of the Lin</u>	nited Liability Comp. (A Florida Limited	any as it now appears on (Liability Company)	our records.)			
The Articles of Organization for this Limited	Liability Company	were filed on 4/15/203	20	and assi	igned	
Florida document number L20000106198					_	
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designs	ation "LLC" or the abi	breviation "L.I	C."	-
Enter new principal offices address, if appl	icable:	3644 Hollywood Plac	e .			
(Principal office address MUST BE A STRE	ET ADDRESS)	Oviedo FL				
		32766				_
Enter new mailing address, if applicable:		3644 Hollywood Plac	:e 	_		_
(Mailing address MAY BE A POST OFFICE	E BOX)	Oviedo FL		<u></u> ഗ		_
		32766		P C	B24	-
P. If you and the state of a second s	1 00			14. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	024 AUG	,
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our record	ls, <u>enter the name</u>	e of the new SS ≺	registe:	<u>red``</u>
-	 _			양말	PH	177
Name of New Registered Agent:	Jay M. Needelr	nan, CPA		STA	$\dot{\wp}$	O
New Registered Office Address:	520 West 47th	Street		TE	Ç)	
		Enter Florida str	vet address			
	Miami Beach		Florida ³³¹⁶	40		
		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.

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
MGR	Stephany Duvall		
			□Remove
		3644 Hollywood Place, Oviedo, FL, 32766	Change
			□ Add
			□Remove
			——————————————————————————————————————
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			SSER S
			M24 AUG 13 RM 2: LES PECREMARY RF STATE TALLAHASSEE, FL
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			□Remove
			
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.) Pursuant to 6		
	FI F S ATE	ARY OF STATE

Typed or printed name of signee

Signature of a member or authorized representative of a member

Stephany Duvall

Filing Fee: \$25.00