LZO 000122173

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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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	gistration Se vision of Cor				
CHD IECT.	-	erty Acquisition Group LLC			
SUBJECT:	Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		Sonya Alderman			
			Name of Person		
		Dvel 72			
		- · · · - · · · · · · · · · · · · · · ·	Firm/Company		
		PO Box 2250		ZIIZI JAN	
			Address	2	
		Davenport, Florida 33836		:	
			City/State and Zip Code	<u>्र</u> हार हार	
		sonya@dvel72.com		125	
			to be used for future annual report not	ification) re: r	
For further i	nformation c	oncerning this matter, please co	111:		
Sonya Alder	rman		404 200-3806 at ()		
	Name o	f Person		e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 l	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 State Certified Copy (additional copy is enc	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Cor	porations		
P.O. Box 6327		The Centre of T			
Tallahassee, FL 32314		Z413 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

TO:

TO ARTICLES OF ORGANIZATION OF

Verve Property Acqquisition Group LLC

Dvel 72 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 6, 2020 Florida document number L20000122173 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat 1 South Blvd E Enter new principal offices address, if applicable: Suite 2250 (Principal office address MUST BE A STREET ADDRESS) Davenport, Florida 33837

PO Box 2250

Davenport, Florida 33836 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of tl agent and/or the new registered office address here:

Sonya Alderman Name of New Registered Agent: 1 South Blvd E New Registered Office Address: Enter Florida street address Davenport City

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address. I hereby confirm that the limited i company has been notified in writing of this change.

<u>tle</u>	<u>Name</u>	Address	
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or removed from our records:

On Article III add Retail Trade.	
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	#第一章
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ctive date, if other than the date of filing	January 7, 2020 (optional)
effective date is listed, the date must be specific and determined the date inserted in this block does not meant's effective date on the Department of St	cannot be prior to date of filing or more than 90 days after filing.) Pursuance the applicable statutory filing requirements, this date will not ate's records.
cord specifies a delayed effective date, but not a filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d
January 7 ed	2020
Single I de al	ember or authorized representative of a member
/ Signature of a m	ember or authorized representative of a member
Sonya Alderman	
	Typed or printed name of signee