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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D4	L Properties Name of Lim	of Bay County LL ited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mary	Name of Person	
	DIK Prof	perties of Bay Firm/Company	County CLC
	7727 MC	Elver Rd Aldress	
		City/State and Zip Code Demerala Cabine to be used for future annual report notil	
For further information co	oncerning this matter, please co	all:	
Name of	Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	€ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on <u>Aug. 04, 2020</u> and assigned					
Florida document number L20000234532. 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 desi	gnation "LLC" or the abbreviation "L.L.C."
				Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)					
	19 P				
Enter new mailing address, if applicable:	呈 つ				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, <u>enter the name of the new register</u>				
Name of New Registered Agent:					
Name of New Registered Agent.					
New Registered Office Address:					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

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 Type of Action Address Title <u>Name</u> Mary L Gill 7727 McElvey RS KAdd

Ranuma City, Fl 32408 Remove AMBR _____ □Remove □Change □Change □Add ______ □Remove ______ □Remove

	5:
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	(
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or t If the date inserted in this block does not meet the applicable statutory filinment's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.6 ng requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	on the earlier of: (b) The 90th day after
January 14 2021	,
COOM W	A .