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COVER LETTER

Tallahassee, FL 32314

то:	Registration Section Division of Corpor				
SUBJE	e c r.	10:10	O DDSR	LLC	
.50 Dat			ted Liability Company		
The en	closed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please	return all corresponde	ence concerning this matter t	o the following:		
		<u>M</u> i	My Dun she	1	
			MIRAL DOD	erties	
		21760	SR 54 Address	Suite 102	
		Lut 2	City/State and Zip Code	33549	
	-	_		Conect. Com	
For fur	rther information conc	erning this matter, please ca	II:		
	Molly Name of the	Dunky	at (<u>813</u>)at (Ode	Daytime Telephone Number	8
Enclos	sed is a check for the f	following amount:			
\$ 52	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate (losed) Certified (of Status &
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Divisio	Mress: ation Section n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10:10	DDSR	L21 (CT-5 PH 3	j: 10
(<u>Name of the Limited Liability Con</u> (A Florida Limit			
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	1/8/21_	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	jability company	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		he designation "LLC" or the a	obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on ou	ir records, <u>enter the nan</u>	<u>ne of the new registered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		Florida	Zip Code
	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 = MARIE AMBR = AMBR	anager uthorized Member		21 OCT -5 PH 3: 10	
<u>Title</u>	<u>Name</u>	Address	21 OCT -5 PM 3. 1	Type of Action
MGR	Dunphy Properties	<u>Suite</u>	SR 54 102	□Add ⊠Remove
MGR	Dungly Development	2176	7 33549 0 Se sy 2 102	□Change Add □Remove
<u>Ambr</u>	Dunphy Properties	21760	58 SY 102	□Change ZAdd □Remove
		_Lutz	TL 33549	□Change □Add
				□Remove □Change □Add
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