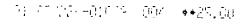
121000064987

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER

JAN 2 0 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	LLE ST LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GARRETT WILKES			
	Name of Person			
K&R TAX ACCOUNTING SERVICES LLC		G SERVICES LLC		
		Firm/Company		
	2853 S. SOSSAMAN RD	STE A-101		
	Address			
	MESA, AZ., 85212			
	City/State and Zip Code			
	info@krtaxes.com			
For further information c	encerning this matter, please concerning this matter.	to be used for future annual report notification) all:		
GARRETT WILKES	•	480 392-6801 ext 114		
Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	27	The Centre of Tallahassee		
Tallahaccee 1	H 47414	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

830 LASALLE ST LLC	2022 J M + D /A	·
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	VIE
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000064987</u> .	were filed on $\frac{02/16/2021}{}$ and a	E.FL issigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	2853 S. SOSSAMAN RD., STE. A-101 MESA, AZ., 85212	
Enter new mailing address, if applicable:	2853 S. SOSSAMAN RD., STE. A-101	
Mailing address MAY BE A POST OFFICE BOX)	MESA, AZ., 85212	
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the n</u>	ew regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	'e

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>	Name	<u>Address</u>	Type of Action
MGR	DREI Partnership Manager LLC	2853 S. SOSSAMAN RD., STE A-101	= Add
		MESA, AZ., 85212	□Remove
			□Change
MGR JERED DACOSTA	JERED DACOSTA	1883 W. ROYAL HUNTE DR., SUITE 200A	🗆 Add
	CEDAR CITY, UT., 84720	■Remove	
		□Change	
		□Add	
			□Remove
		□ Change	
			□Remove
			□Change
		□Add	
			□ Remove
			□Change
			🗀 Add
			□ Remove
			□ Change

). It amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
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_	
_	
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_	
_	
(If an effective Note: I	te date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Dec 16 2021
	Signature of a member or authorized representative of a member
	Carly Dacosta
	Typed or printed name of signee

*

Filing Fee: \$25.00