L210000011220

(Deputatora Nama)	_
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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O SIMMONS APR 0 2 2021 CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

Pnone: 850-558-1500	
ACCOUNT NO. :	12000000195
REFERENCE :	739960 7390792
AUTHORIZATION :	nelleran
COST LIMIT :	\$ 25.00
ORDER DATE: March 31, 2021	
ORDER TIME : 11:16 AM	
ORDER NO. : 739960-005	
CUSTOMER NO: 7390792	
DOMESTIC AMENDM	ENT FILING
NAME: DRG PINE ISLAND PRO	OPERTY LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORA	ATION
PLEASE RETURN THE FOLLOWING AS PROOF	F OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Alexxis Weiland	EXT# 61592

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 APR -1 AH 9: 43

DRG PINE ISLAND PROPERTY L					
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on o bility Company)	pr records,)		
The Articles of Organization for this Limited Lial Florida document number L21000071220	bility Company w	ere filed on FEBRU	ARY 19, 2021	_ and assigned	
This amendment is submitted to amend the follow	······································				
A. If amending name, enter the new name of t	_	ty company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designat	ion "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicab	ole:				
Principal office address MUST BE A STREET.	ADDRESS)	·			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	- <u>2x1</u> -				
3. If amending the registered agent and/or registered agent and/or the new registered office address b		lress on our records	, enter the name of	the new registe	
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:		Enter Florida stee	el address		
	Enter Florida street address				
-		City	, Florida	in 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.

Change

_ ORemove

_____ 🗀 Add

If amending Authorized Person(s) authorized to manage, enter the title, name and indicated the person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Address Type of Action Title <u>Name</u> 6041 SW 195 AVE FT LAUDERDALE, FL 33332 MGR RYAN GARZON ■Add □Remove ☐ Change _ 🗆 Add __ 🗆 Remove Change _ 🗆 Add _____ □Remove __ ПRетоve _ Change \Box Add Remove

				202.	
				2021 APR - 1	Aii 9: į
If amending any other in	formation, enter ch	nange(s) here: <i>(Atta</i>	ch additional sheets, if ne	cessary.)	
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Effective date, if other than fan effective date is listed, the da <u>Note:</u> If the date inserted in ti	e must be specific and ca	unnot be prior to date of:	lling or more than 90 days after	filing.) Pursuant to 605.	.0207 (3)(b)
document's effective date on t	he Department of Sta	te's records.	ory ming requirements, uni	s date will not be liste	.G 23 IIIC
record specifies a delayed eff d is filed.	ective date, but not an	effective time, at 12	01 a.m. on the earlier of: (b) The 90th day after	the
Dated MARCH 18,	1	2021			
	Dan	The	and the second		
	Signature of a mer	mber or authorized repre	seniative of a member		

Filing Fee: \$25.00