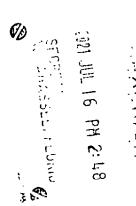
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(Requestor's	s Name)			
(Address)				
(Address)				
(City/State/Z	(ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document	Number)			
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Of	ficer.			

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 7/16/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 936483

ORDER ENTITY DTA REAL ESTATES LLC

P	L	EΑ	S	E I	Æ	RI	FC	R	М	THE	FC	LL	NO.	/IN	G	SEF	₹VI	CES:

DTA REAL ESTATES LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: dalidinodd@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, July 16, 2021 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DTA Real Estates LLC	pany us it now unnears on our records	<u> </u>	
(A Florida Limited	nany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on March 17, 2021	an	d assigned
Florida document number 1.21000126553			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation	L.C."
Enter new principal offices address, if applicable:		- FR	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	0)
		<u>က်≺</u> — တက —	
		men Men	<u>~</u> ⊖
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			
B. If amending the registered agent and/or registered office	e address on our records, enter the	name of the	new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:		-	
New Registered Office Address:	<u> </u>		
	Enter Florida street address		
	, Florid	laZip C	Sec. J.
	City	Lip (oae

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	Address	Type of Action
MGR	Danish Alidino	11410 Rapallo Lane, Windermere, FL 34786	🖻 Add
			□Remove
			ClChange
_			□Add
			Remove SECF
			RETARY DANGE TO
		:	A Desmove
			□Change
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			Change

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		202) SEC
		JUL CLA
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Note: If the date inserted in thi	must be specific and connot be prior to date of filin	(optional) g or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed a
record specifies a delayed offe d is filed.	ctive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated July 16,	2021	
\ \	<u> </u>	
1000	Cher	
	Signature of a member or authorized represen	atative of a mambar

Filing Fee: \$25.00