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Registration Section

Division of Corporations

TO:

SUBJECT:	DOLPHI	V REAL EST	MATE HOLDING
	•	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JER	010 M. ODE	
DLD ADDRESS		Name of Person	
*1679		Firm/Company	
Brooke DR Junedin FC	/116	Survydale	Dr.
34698		Address City/State and Zin Code	
	JAY0	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	JET
For further information co	oncerning this matter, please co	all:	
Name of	Person	at (ST) HILL - Area Code Daytime	e 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Secondinision of Corporation	porations
P.O. Box 6327 Tallahassee, F		The Centre of T 2415 N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/ -	ESTATE HOLDING-S
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $22/003$. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	ere filed on 7 12 2021 and assigned
A. If afficiently name, there are have of the miniet habita	y company nere.
The new name must be distinguishable and contain the words "Limited Liability	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)	1116 Sunnydale Dr. Clearanter, RC 33755
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our records, enter the name of the new register
a contract of the contract of	SUNNY da le DL Enter Florida street address Wa Le John Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jerold M. Ode	1116 Sunnydale Dr.	_ (IL) Kod
		1116 Sunnydale Dr. Clearwater, PL 33755	□Remove
			Change
			□Add
			□Remove
			□Add
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If an offe <u>Note:</u>	ve date, if other than the date of filing:
e record	I 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 ed.
Dated _	10-6 2021
	Am NeV-
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member The substitute of a member