L21000380931

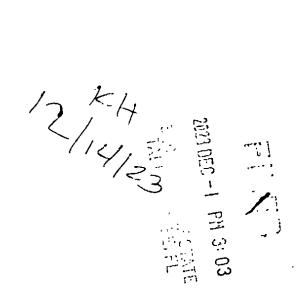
(Re	questor's Name)	_
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

O:

I61 DIAN	E LLC			
BBJECT:	Name of Lim	ited Liability Company		
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	Brian Sawyer			
		Name of Person		
	DBLS PROPERTIES LLC	7		
		Firm/Company		
	1680 HWY A1A, STE 3			
		Address		
	SATELLITE BEACH FL	32937		
		City/State and Zip Code		
	DBLSPROPERTIES@GM	AILCÓM		
	E-mail address: (to be used for future annual report notifi-	cation)	
or further information c	concerning this matter, please c	all:	2	
rian Sawyer		877 344-3257	1023 DE	۳.
Name o	of Person		Telephone Number	,
nclosed is a check for t	he following amount:		P.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Securificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Address Registration Solution of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

161 DIANE LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
e Articles of Organization for this Limited Liability Con	mpany were filed on 8/25/2021	and assigned
orida document number L21000380931		
is amendment is submitted to amend the following:		
If atnending name, enter the new name of the limite	d liability company here:	
new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRE.	SS)	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered o	office address on our records, enter the	name of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent:		P
New Registered Office Address:		100 9
	Enter Florida street address	r H W
	, Florid	a
	City	

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
SR ——	Howard L Garris, Jr.	69 Anchor Dr. Indian Harbour Beach FL	
			□Add
			□Remove
			□ Change
_			□Add
			□Remove
			26 Annye
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			Remove
			TH 03 □Change
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effective da <u>::</u> If the d	e, if other than the te is listed, the date mu ate inserted in this bi fective date on the D	a be specific and ock does not i	d cannot be prior neet the applic	to date of filing o able statutory fi	r more than 90 day	(optional) s after filing.) Po s, this date wi	irsuant to 605.020 Il not be listed a
ord specif tiled.	ies a delayed effectiv	e date, but no	can effective ti	me, at 12:01 a.r	n, on the earlier	of: (b) The 9	0th day after the
d <u>///</u>	15/2023 XA		, Bill	<u>-</u> .			
	Who						
	70 0	Ciamata	manshar	Spirad sees 1	ive of a member		

Filing Fee: \$25.00