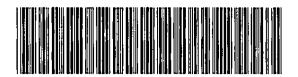
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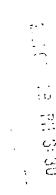
(Requestor's Name)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
	SOUTHBURY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RICH LOCKER			
		Name of Person		
	ASKAR MANAGEMENT	GROUP, LLC		
	Firm/Company			
	848 IST AVE N, STE 300			
	Address			
	NAPLES, FL 34102			
		City/State and Zip Code		
	rlocker@askarmanagement	-		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
RICH LOCKER		239 822-1610		
Name o	t Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	is:	Street Address:		
Registration 5	Section	Registration Section		
Division of C		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D 344906 SOUTHBURY LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/02/2021	and assigned
Florida document number L21000392576	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
D FL HOLDINGS 2 LLC		
The new name must be distinguishable and contain the words '	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET AL	DDRESS)	
	_	
Enter new mailing address, if applicable:		
•		
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	
3. If amending the registered agent and/or regist		ame of the new regis
ngent and/or the new registered office address her	re:	L
		<u> </u>
Name of New Registered Agent:		. ')
New Registered Office Address:		
	Enter Florida street address	
	Florida	
-	City	. Ziố 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.

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>	<u>Name</u>	Address	Type of Action
P	JON PARRISH	848 IST AVE N. STE 300	≣ Add
		NAPLES, FL 34102	□Remove
VP	RICH LOCKER	848 IST AVE N, STE 300	
		NAPLES, FL 34102	□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			☐ Change
			□Add
			□ Remove
		-	
			□ Remove
			□ Change

_	
_	
	
ote: If	date, if other than the date of filing:
record s	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	TOBER 14 , 2021 .
	Signature of a number or authorized representative of a member
	the three wife franker or any harized appropriation of a manufact
	Signature of a member or authorized representative of a member