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(Re	questor's Name)	
(Add	dress)	
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(Add	dress)	
(Cit	y/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Centificates	or Status
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Office Use Only

A. RIVERS
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SEL STATE OF STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor			. *	
Dunne Rea	l Estate Group LLC	•	•	
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shawn A Dunne			
		Name of Person		
	Dunne Real Estate Group I	LLC		
		Firm/Company		
	31 Myrtle Oak Way			
		Address		
	Santa Rosa Beach, FL 324	359		
		City/State and Zip Code		
	shawn.dunne@penfedrealty			
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please co	all:		
Shawn Dunne		850 525-5875 at ()		
Name (of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration S	ection	
Division of (Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee,	FL 32314	2415 N. Moni	or street, suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/24/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Shawn Allen Dunne LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter the nar</u>	
	e address on our records, enter the nar	202
agent and/or the new registered office address here:		202 DEC
Name of New Registered Agent:	e address on our records, enter the nar	202
Name of New Registered Agent:	Enter Florida street address , Florida	202 DEC
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida City	202 DEC
Name of New Registered Agent:	Enter Florida street address, Florida City	202 DEC 27 A度II: 21

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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
		□ Remove	
			□Add
			🖸 Remove
			□ Change
		 	
		🖸 Remove	
		Change	
	 		
	<u> </u>	□Remove	
		□Change	
			□Add
			□Remove
			□Change

Page 2 of 3

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
	<u> </u>
-	
(If an effect Note: If	tive date, if other than the date of filing: [12/16/2021] (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)((the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the at seffective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated 1	16 Dec 2021
_ -	16 Dec 2021
	Signature of a member or authorized representative of a member
	Shawn A Dunne

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Typed or printed name of signee

Filing Fee: \$25.00