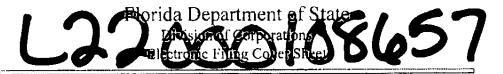
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To;

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P

Account Number : 120170000034 Phone : (239)689-1096 Fax Number : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 1 Popla How - advocates org

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAG PROPERTIES, LLC

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|--|---------------------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

C. BRUMBLEY
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COVER LETTER

| TO: | | | \$ a | |
|---------|-------------------------------|----------------------------------|-----------------------------------|--|
| SUBJE | CT: DAG PRO | PERTIES, LLC | | |
| 50002 | | Name of Lim | ited Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please | return ali correspo | ondence concerning this matter | to the following: | |
| | | RITA IACKMAN | | |
| | | ZITT TROUBLE | Name of Person | |
| | | DAG PROPERTIES, LLC | | |
| | | 2050 MCGREGOR BLVI | | |
| | | | Address | |
| | | FORT MYERS, FL 33901 | | |
| | | LEGAL@YOUR-ADVOC | ATES.ORG | ification) |
| For fur | ther information o | concerning this matter, please c | all: | |
| RITA | JACKMAN | | nt (239) 689-1096 | |
| | Name (| of Person | Area Code Daytin | ne Telephone Number |
| Enclos | ed is a check for t | he following amount: | | |
| ■ \$2 | 5.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Addre | | | |
| | Registration | | Registration Se Division of Co | |
| | Division of C P.O. Box 633 | | The Centre of | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DAG PROPERTIES, LLC | | |
|--|--|---|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our imited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Con | mpany were filed on 03/02/202 | 2and assigned |
| Florida document number 1.22000108657 | | |
| This amendment is submitted to amend the following: | | |
| A. If umending name, enter the new name of the limits | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | od Liability Company," the designation | on "I.I.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | 202 |
| | | A. A. |
| Enter new mailing address, if applicable: | | |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | च स्टाउ |
| | | 72. 72 |
| n so e e e e e e e e e e e e e e e e e e | - fC | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records | , enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| Name of thew Registered Agent. | | |
| New Registered Office Address: | Enter Florida stre | 4.11 |
| | cater ruriou are | A MATHEMA |
| | | , Florida Zip Code |
| | • | ZIP Code |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agential being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance of my du ent as provided for in Chapte | ities, and I am familiar with and r 605, F.S. Or, if this document is |
| | | |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-----------------|-----------------------------|----------------|
| AMBR | GINA M. WHITE | 51 FAIRMONT AVENUE | \ \ Add |
| | | STAMFORD, CT 06906 | Пелюче |
| | | | Change |
| AMBR | DENNIS H. BAZON | 69 CAROL DRIVE | ;≡Add |
| | | HOPEWELL JUNCTION, NY 12533 | Remove |
| | | | |
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| fective date, if other the offective date is listed, the other inserted incument's effective date in section of the other inserted in section of the other inserted in section of the other inserted in the other inserted inserted in the other i | in this block does no | it meet the applicable | date of filing or more the estatutory filing requ | (optional) an 90 days after filing.) Pur uirements, this date will | suant to 605.0207 not be listed as |
| | l effective date, but r | iol an effective time | , at 12:01 a.m. on the | e earlier of: (b) The 90 | th day after the |
| = | | | | | |
| is filed. | | 2022 | | | |
| record specifies a delayed is filed. | | 2022 | | | |

Filing Fee: \$25.00