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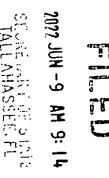
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	vestors, 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:	
	Paul Johnson		
		Name of Person	
	Fisback Dominick, LLC		
		Firm/Company	
	1947 Lee Road		
		Address	
	Winter Park, Florida 3278	9	
		City/State and Zip Code	
	jj@fishbacklaw.com E-mail address: (to be used for future annual report not	dification)
For further information c	oncerning this matter, please c	all:	
Paul Johnson		407 262-8400	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section orporations	Street Address: Registration Sc Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -9 AM 9: 14

RTG JAX INVESTORS, LLC

STORS, LLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL

(A Florida Limited Liability Company)

	3/14/2022	
The Articles of Organization for this Limited Liability Company	were filed on 3/14/2/22	and assigned
Florida document number 1.22000128409		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DP Jax Investors, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	*	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>e</u>	nter the name of the new registered
	, ,	, , , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic rovided for in Chapter (es, and I am familiar with and 805, 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

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			[]Add
			□Remove
		 	Change
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Effective date, if other than the an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific a block does no	and cannot be pr I meet the app	licable statuto			ling.) Pursu		
record specifies a delayed effect is filed.	ive date, but n	ot an effective	e time, at 12:0	I a.m. on the ea	arlier of: (b)	The 90th	day after	the
June 7		2022						
		· ·	7					
	Signature of	a member or m	thorized-renres	entative of a men	nber			

Filing Fee: \$25.00