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2023 FEB 27 PHI2: 40

R. HUNT

OZ/27-/23

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Doub	le D Property	Management, LLC	· -
	Name of Lim	nted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	John R. N	Name of Person	
		porty Management LL Finn/Company	
	3700 CR 40)() Address	
	Dopmai	City/State and Zip Code Cto be used for future annual report notifica	in f
For further information cond		•	
John R. New Name of Pe	ton	at (<u>954</u>) <u>214 - 89</u> Area Code Daytime To	SYS elephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp		Street Address: Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Double D. Propo	ech Management L	LC
(<u>Name of the Limited Lishi</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Florida document number <u>LQQOOI 75550</u>	. ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designati	on "LLC" or the abbreviation "ISB.C."
Enter new principal offices address, if applicable:	~	71
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	,	, Florida
	City	Zip 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
			□Add
			☐ Change
			
			□Remove 22 23 20
			□ Change
			□Remove □ Remove
			□ Change
			□ Add
			□Remove
			☐Add
			□ Remove
		 	ElChange
			□Add
			□Remove
			□ Change

Article III - Other Provisions Shall be del	et ecl
	
	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to	(optional)
neffective date is listed, the date must be specific and cannot be prior to date of filing or more terms. If the date inscreed in this block does not meet the applicable statutory filing reading the date inscreed in this block does not meet the applicable statutory filing reading the date.	han 90 days after filing.) Pursuant to 605.0 quirements, this date will not be lister
nument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day after
s filed.	
ed 2/22/23	
cd 2/22/25	
// AAA	
Signature of a member or authorized representative of a	member

Filing Fee: \$25.00