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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Danis Alburta)
(Document Number)
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Special instructions to Filling Officer.





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COVER LETTER

TO: Registration S Division of Co			
DB LAND SUBJECT:	MARK LLC		
SOBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	~	
ricase return an corresp	_	to the following.	
	BRYAN ZINOBER		
		Name of Person	
	DB LANDMARK LLC		
		Firm/Company	
	936 S HOWARD AVENU	E. SUITE 201	
		Address	
	TAMPA, FL 33606		
		City/State and Zip Code	
	BRYAN@DAHLINVESTI		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
BRYAN ZINOBER		813 422-7936	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DB LANDMARK LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Companifornida document number <u>L22000177661</u> .	y were filed on 4/13/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LI	.C" or the abbrevi n "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		- X3
Enter new mailing address, if applicable:		F S 16
Mailing address MAY BE A POST OFFICE BOX)		Eu O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	r	Florida
	City , r	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 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
MGR	DAHL BROTHERS LLC	936 S HOWARD AVENUE	□Add
		SUITE 201	□Remove
		TAMPA, FL 33606	\equiv Change
			□Add
			□Remove
			□ Change
			PER BOUND
			Memovie
			TO PA Change
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			□Remove
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			Change

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led.	
led.	of: (b) The 90th day after the
May 21	
May 26 2022	
M	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00