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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 585765 4346691
AUTHORIZATION: Symbolic Team
COST LIMIT : \$C5500
ORDER DATE: March 14, 2023
ORDER TIME : 9:02 AM
ORDER NO. : 585765-010
CUSTOMER NO: 4346691
DOMESTIC AMENDMENT FILING
NAME: DOLGER MOTT HAVEN LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson EXT#

EXAMINER'S INITIALS:

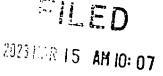
COVER LETTER

tt Haven LLC		
Name of Limit	ed Liability Company	
Amendment and fee(s) are subm	nitted for filing.	
ondence concerning this matter to	the following:	
Yehuda Frid		
 	Name of Person	
George D. Perlman PA		
	Firm/Company	
1441 Brickell Ave, Suite 140	00	
	Address	
Miami, FL 33131		
	City/State and Zip Code	
		cation)
concerning this matter, please cal	l:	
	305 3745646	
f Person	Area Code Daytime	Telephone Number
he following amount:		
☐ \$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)
	Name of Limits Amendment and fee(s) are submondence concerning this matter to Yehuda Frid George D. Perlman PA 1441 Brickell Ave. Suite 140 Miami, FL 33131 corporatefilings@gplawintl.co E-mail address: (to concerning this matter, please call of Person the following amount: □ \$30.00 Filing Fee &	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Yehuda Frid Name of Person George D. Perlman PA Firm/Company 1441 Brickell Ave, Suite 1400 Address Miami, FL 33131 City/State and Zip Code corporatefilings@gplawintl.com E-mail address: (to be used for future annual report notificencerning this matter, please call: at (Area Code Daytime the following amount: \$\Begin{array} \text{330.00 Filing Fee & Certified Copy} \$\text{

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



Dolger Mott Haven LLC

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

SSEE, FL

(A	V Florida Limited Liability Company)	ASSEE, FL
	· · · ————————————————————————————————	ssigned
Florida document number 1.22000303898	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
Dolger Horizon Uptown LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
		<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the n</u> <u>here</u> :	ew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida Zin Cod	

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
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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te: If the d	te, if other than the ate is listed, the date mu- late inserted in this bl ffective date on the D	ock does not m	eet the applicab	date of filing or le statutory fil	(more than 90 days ing requirements	optional) after filing.) Pr s. this date wi	arsuant to 605. Il not be liste	020 d i
ecord speci is filed.	fies a delayed effectiv	re date, but not a	an effective tim	e, at 12:01 a.m	. on the earlier c	of: (b) The 9	0th day after	the
ted	March 13		2023	- ·				
	Y-A	· _^						
		2:						
_		Signature of a m	ember or authori	zed representati	re of a member		····	

Filing Fee: \$25.00