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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : KATZ BASKIES & WOLF PLLC Account Number : I20080000071 \mathcal{D} Phone : (561)910-5700

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

: (561)910-5701

Fax Number

Email Address: + homas, Katz @ kat

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PMM INVESTMENTS DBL LLC

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COVER LETTER

| TO: Registration Se Division of Cor | | | ŧ | | | |
|---|--|---|--|--|--|--|
| | ESTMENTS DBL LLC | | | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | | |
| | Thomas O. Katz | | | | | |
| | | Name of Person | | | | |
| | Katz Baskies & Wolf PLLO | Ç | | | | |
| | | Firm/Company | | | | |
| | 3020 North Military Trail S | Suite 100 | | | | |
| | | Address | | | | |
| | Bocs Raton, FL 33431 | | | | | |
| | | City/State and Zip Code | | | | |
| | thomas.katz@katzbaskies.ce | | | | | |
| | E-mail address: (| to be used for future annual report not | ufication) | | | |
| For further information of | oncerning this matter, please c | all: | | | | |
| Thomas O. Katz | | 561 910-5700 at () | | | | |
| Name o | f Person | Area Code Daytir | ne Telephone Number | | | |
| Enclosed is a check for t | he 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) | | | |
| <u>Mailing Addre</u> Registration Division of C | Section | Street Address: Registration S Division of Co | | | | |
| P.O. Box 633 | 27 | The Centre of Tallahassee | | | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| PMM INVESTMENTS DBL LLC | |
|---|--|
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our records.) ad Liability Company) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on 8/19/2022 and assigned |
| Florida document number L22000366065 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| DEERFIELD BEACH LAKES GDDM LLC | |
| The new name must be distinguishable and contain the words 'Limited Li | ability 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) | TALLE SE |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ARY OF STATE |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | ce address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida City Zip Code |
| New Registered Agent's Signature if changing Registered Age | |

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:

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □Add |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be partial. If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomment. | prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (plicable statutory filing requirements, this date will not be listed as the |
| ine record specifies a delayed effective date, but not an effection of is filed. | ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated 9/15 , 202 | <u>a</u> . |
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Typed or printed name of signee