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COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	DED Realt	y + Investmented Liability Company	ts, LLC
	Tune of Lines	ed Eldollity Company	
The analogue Articles of	Amendment and fee(s) are subm	sitted for filing	
		<u>-</u>	
Please return all correspondence	ondence concerning this matter to	o the following:	
		Tempkins, Esc Name of Person	
	Newma	n and TempKins	S.P.A.
	605 Li	ncoln Road St.	e 301
	Miami	Beach, F1 3:	3139
	E-mail address: (to	n Pkins Eaol. Cox be used for future annual report notificati	on)
For further information	concerning this matter, please cal	1:	
Harry	Tempkins of Person	at (<u>305</u>) <u>398 - 7</u> Area Code Daytime Tel	760 ephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	n
Registration Division of 0		Registration Section Division of Corpora	
P.O. Box 63:	•	The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DED Rea	1+y+ Investm	
(A Florida	Limited Liability Company)	1100003.
The Articles of Organization for this Limited Liability C	Company were filed on 12:	29 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 -	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
No. Decide to the Company of the Com		— ;

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
			□Remove
			DChange
			□Add
			□Remove
		~3	Change
			- □ Add
			□Remove
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Amendin	a the s	pellina	of t	he	
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ective date, if other than a effective date is listed, the date te: If the date inserted in this cument's effective date on the	must be specific and canno s block does not meet th	e applicable statutor			
ecord specifies a delayed effe s filed.	ctive date, but not an eff	Fective time, at 12:01	a.m. on the ear	lier of: (b) The	90th day after th
ed/2 6 /2	Signature of a member	The contract of the contract o	ntative of a memb	oer	
		-/- //			