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Y. SCOTT JUN - 6 2023



IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS APPROVED OR REJECTED TO THE ADDRESS BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

Inc Authority

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, April 11, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

 Articles of Amendment For: DAVID REALTY, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

ТО:	Registration Se Division of Cor					
SUBJE	CT: DAVID F	EALTY, LLC Name of 1 m	ited Liability Company			
		Amendment and fee(3) are sub				
Corporate Maintenance Lead					7 74 8	7073 LPR 17
			Name of Person			יה ט נו
Processing Department						 l
Firm/Company					•	
1450 Vassar St						ು ಬ
			Address		•	PK 3: 20
			Reno, NV 89502			
			City/State and Zip Code			
		E-mail uddress: (to be used for future arimal report not	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
	Process	ing Department	at (800) 638-2320			
		f Person	Area Code Daytimo	: Lelephone Number		
Enclos	ed is a check for th	ve following amount:				
		□ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy (senclosed) Certified Copy (additional copy is enclosed)			
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations		

Tallahassee, Ft. 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	REALTY, LLC			
(Name of the Limited Liability (A Fiorida i a	Company as it now appears on our records, instead Liability Company)	1		
The Articles of Organization for this Limited Liability Con	npany were tiled on 03/20/23		and assign	ıcd
Florida document number L23000142229				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
DAVID REALTY	RENTAL GROUP, LLC			
The new name must be distinguishable and contain the words "Emitted	d Liability Company," the designation "LLC"	or the abbr	eviation "L.1C	••
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE)	<u> </u>			
Enter new mailing address, if applicable:	<u></u>			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register			202	•1
11. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter_tr	ie name or	ine ne ~~ v
			<i>ਕ</i> ਰ -	
Name of New Registered Agent:		·	7 !	-2.i
		- 7 . 3	PK:	7
New Registered Office Address:	Friter Florida street address			"
	rt	rida	20	
	CH2	1 IGA	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 Type of Action <u>Address</u> Title <u>Name</u> □ Add □ Remove _□ Change 🗖 Add bbA. □_ _□ Remove _D Change □ Add ☐ Remove __□ ∧₫₫ __□ Remove _____ Change

. If amending an	y other informatio	n, enter change(s) here: (Attach	additional sheets.	if necessary)		
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Note: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Dep.	e specific and cannot a does not meet the	: applicable statute	ing or more than 90 da	(optional) ys after filing.) Pu its, this date will	rsuant to 60 not be lis	(5 0207 (. ited as th
The 90th day	cifies a delayed e y after the recore	f is filed.					ier of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00