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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LUC

Account Number : I20160000067

: (407)370-3686

Fax Number

: (407)370-3120

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

Email Address: _assistant.toni@larsonacc.com

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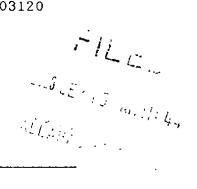
K. SALY

SEP 1 5 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DBF CAMARINE LLC

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

The Articles of Organization for this Limited Liability Co Florida document number 1.23000148438	ompany were filed on 03/23/2	023 and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Limbility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:	<u></u>	
(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: Name of New Registered Agent:	office address on our reco	ds, enter the name of the new registered
New Registered Office Address:		
	Enter Florada	ireet uidress
		, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and can accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of my tent as provided for in Cha	duties, and I am familiar with and poter 605, F.S. Or, if this document is
	If Changing Registered Agent.	Signature of New Registered Agent

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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>	Name	Address	Type of Action
AMBR	CAMARINE, SILVIA M	2306 SILVER PALM DR	□Add
		#201, FL 34747	■Remove
			□ Change
AMBR	SILVIA MONZILLO CAMARINE	2306 SILVER PALM DR #201	∰ Add
		KISSIMMEE, FL 34747	□Remove
			Change
			OAdd:
			- Remove)
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			□Change

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Effective date, if other than the (fran effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cam dock does not meet	not be prior to date the applicable's	of filing or more than	(optional) (30 days after filing a Purs rements, this date will)	nan 10 605,0207 (3) 101 be listed by the
the record specifies a delayed effectioned is filed	ve date, but not an o	effectiv e time. 3	12:01 a,m, on the	earlier of: (b) The 90t	h day after the
September 08	24	023			