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(((H23000192589 3)))



H230001925693ABC6

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To:

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Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000

Fax Number : (561)842-3626

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

Email Address: businessservices@warddamon.com

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DocuSign Envelope ID: 39EC43BA-E08A-4F77-B1FA-D232C79D115E AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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DCH 07 , LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L23000231452	ere filed on 5/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
DRII07, LLC		
The new name must be distinguishable and contain the words "Limited Liability	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)		
_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the na</u>	me of the new regis
New Registered Office Address:	Enter Florida street address	-
	, Florida 💛 ~	
	, Florida _	Zin Code =
New Registered Agent's Signature, if changing Registered Agent:	,	=
I hereby accept the appointment as registered agent and agree of provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am vided for in Chapter 605, F.S. O	i familiar with and r, if this document i
		
If Changin	g Registered Agent, Signature of New R	egistered Agent
	g registeren Agent, Signature of Meia R	egisteren Agent

DocuSign Envelope ID. 39EC43BA-E08A-4F77-B IFA-D232C79D115E
IT amenuing 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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Title	<u>Name</u>	Address	Type of Action
			□Add
			DRemove
,			Change
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Signature of a member or authorized representative of a member	Dated	
		David Rocco
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00