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2023 DEC -1 AM 8: UU SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration S Division of Co			
	STATE BROKERS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Daniel Berndt		
		Name of Person	
	PRIME ESTATE BROKE	ERS LLC	
		Firm/Company	
	140 Hammock Oak Cir		
		Address	
	Debary, Florida 332713		
		City/State and Zip Code	
	danielberndt.business@gma	ail.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please of	all:	
Daniel Berndt		305 4922646	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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:	ation.
Registration Division of	Section Corporations	Registration Section Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME ESTATE BROKER 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 Company were filed on $\frac{08/08/2023}{}$ and assigned Florida document number $\underline{1.2300}0373299$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DBT REALTY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbit viation 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			_Add
			□ Remove
			□Change
			DAdd
			Remove
		4	☐ Change
 			□Add
			□ Remove
			Change
			□ Remove
			□Change
			Ddd
			⊡ Remove

_____ Change

	Only changing the name.
	
If an ef Note:	tive date, if other than the date of filing:
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Date	11/09/2023
Dated	
	Signature of a member or authorized representative of a member