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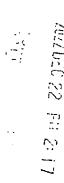
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COVER LETTER

TO: Registration Division of	n Section Corporations			
Dorsali:	s Enterprises, LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
	espondence concerning this matte	C		
	Neil H. Strauss			
		Name of Person		
		Firm/Company	<u> </u>	
	7421 N. University Di	rive, Suite 304	262 DEC 22	
		Address		
	Tamarac, FL 33321			
	NHStrauss@aol.com	City/State and Zip Code	ry etification)	
		(to be used for future annual report no	tification)	
	n concerning this matter, please of	call:		
Neil H. Strauss		954 529-7899 at ()		
Nam	ne of Person		me Telephone Number	
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add Registratio		Street Address:	action	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dorsalis Enterprises, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000021051</u>	by were filed on $\frac{01/23/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE ASTREET ADDRESS)	
Enter new mailing address, if applicable:	7071
Mailing address MAY BE A POST OFFICE BOX)	
	. 22
If amonding the registered and and a set of the	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	7
New Registered Office Address:	
	Enter Florida street address
/	, Florida
ew Registered Agent's Signature, if changing Registered Agent	City Zip Code
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as gring filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605 F.S. Or, if this document is

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
AMBR	Mathew Checca	12230 NW 71st Drive	X Add
		Parkland, FL 33076	□ Remove
			□Change
AMBR	Francis Vargas	5186 Stagecoach Drive	= Add
		Coconut Creek, FL 33073	
			Change
AMBR	Rodney Vargas	5186 Stagecoach Drive	= Add
		Coconut Creek, FL 33073	200 Remove
			~>□Change
			□ Add □ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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tive date, if other than the date of filing:			(optional)	
ffective date is listed, the date must be specific and call if the date inserted in this block does not me	annot be prior to date	of filing or more than	90 days after filing) I	ursuant to 605.02
ment's effective date on the Department of Sta	te's records.	anatory time requi	ements, this date w	in not be fisted
1				
ord specifies a delayed effective date, but not as affect.	i effective time, at	12:01 a.m. on the e	arlier of: (b) The	90th day after th
December 19	2022			
	\rightarrow			
Signatura of a me	mber or authorized r	epresentative of a mer	nber	