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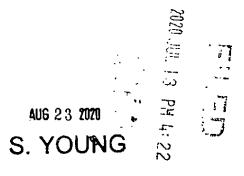
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COVER LETTER

TO: Registratio Division of	n Section Corporations	•	
PSDAI	BLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Pete Shomade		
		Name of Person	
	DSABI LLC		
	·	Firm/Company	
	1835 NE Miami Garden	s Dr, Ste 292	
	<u> </u>	Address	
	Miami, FL 33179		
		City/State and Zip Code	
	petes1n@outlook.com E-mail address: (to be used for future annual report notif	ication)
For further informati	on concerning this matter, please c	all:	
Pete Shomade		305 987-8005	
Na	me of Person	Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fo	e S30.00 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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSDABI LLC		- 9
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	1
The Articles of Organization for this Limited Liability Company	were filed on July 23, 2018	and assigned
Florida document number L18000001732		70
		ا من المستورات التي التي التي التي التي التي التي ال
This amendment is submitted to amend the following:		PH 1: 22
A. If amending name, enter the new name of the limited liab	ility company here:	
DSABI LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:		<u></u>
(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:	address on our records, enter the	dame of the new registered
agent and of the new registered office address here.		
Name of New Registered Agent:		
New Designand Office Address		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	City	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 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
			□Add
			Remove
			☐ Change
	 		□Add
			□Remove
			□Change
			□Add
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Note: If	tive date, if other than the date of filing: tive date is listed, the date must be specific and cannot the date inserted in this block does not meet the t's effective date on the Department of State's r	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as ecords.
e record s d is filed	specifies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ly 10 2020	
	Simplification	Moneade or authorized representative of a member
	oignature of genember	or aumorized representative of a member

Filing Fee: \$25.00