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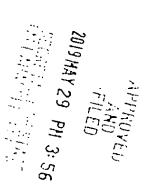
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TO:	Registration Sec Division of Corp					
SUBJE	CT:	Dabel Gro	up LLC			
	<u> </u>	Name of Limi	ited Liability Company			
The enc	losed Articles of z	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Guil	herme Falabel	<u>1a</u>		
			Firm/Company			
		279 Go	olsby Blvd Address		2019	
				442	FILE 2019 MAY 29 1241 E.M.	; -
		-	Beach, FL 33 City/State and Zip Code belgroup, con		PH 3:	_
For furt	her information co	E-mail address: () oncerning this matter, please co	to be used for future annual report noti	fication)	5 6	
	Guilher	ne Falabella	at (<u>4</u> D7) <u>999</u> -	6272		
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	e following amount:				
X \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified C	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dabel Gro	up LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 0 D 00 9372</u>]	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab \[\sum_{\begin{subarray}{c} \begin{subarray}{c} \begin{subarray}		
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	279 Goolsby Blud Deerfield Beach, F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	279 Goolsby Blva Deerfield Beach, F	L 33442
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	ffice address on our records, <u>enter (</u> <u>e</u> :	he name of the new File
Name of New Registered Agent:		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
New Registered Office Address:	Enter Florida street address	5 S S S S S S S S S S S S S S S S S S S
	Florida	Zip Code
	City	zip соас

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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Address</u> Type of Action MGr_ Falabella Services LLC 13883 Osprey Links Rd - Add Apt 135 Remove Orlando, FL 32837 Change AMBR Guilherme Falabella bol Heritage Dr., Ste 135 XAND Jupiter, FL 33458 Remove ☐ Change □ Add ☐ Remove ... □ Ghange .□ Add ☐ Remove ____ □ Change .□ Add ☐ Remove Change

											
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Filing Fee: \$25.00