

1/5/22, 8:16 AM

Division of Corporations

L21000012634

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

2022 JAN -5 PM 1:09

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

Email Address: Jose@agi-ra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAIP GOOD ROOT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 JAN -5 AM 10:13

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J. Allen

JAN 06 2022
I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAIP GOOD ROOT HOLDINGS, 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 January 14, 2021 and assigned Florida document number L21000012634

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

FILED 5 MAY 11 2021

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

City

Florida

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Iza Milan, Juan Gerardo	1221 Brickell Avenue	<input type="checkbox"/> Add
		Suite 710	<input checked="" type="checkbox"/> Remove
		Miami, FL 33126	<input type="checkbox"/> Change
AMBR	Iza Pepping, Daniel Abraham	1221 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 710	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	Iza Milan, Juan Gerardo	1221 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 710	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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