

L24000022792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

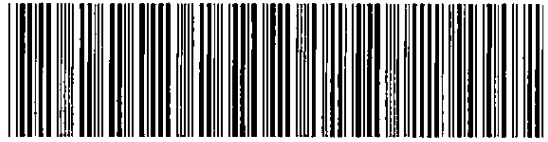
(Business Entity Name)

(Document Number)

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2024 JUN 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT
6/11/24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GLOBAL IMAGING EXPORTS 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 01/10/2024 and assigned Florida document number L24000022792.

This amendment is submitted to amend the following:

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

DSN PRODUCTS LLC

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)

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

_____, Florida _____
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 11 , 2024

Hamid M. Hassan

Signature of a member or authorized representative of a member

HAMID M HASSAN

Typed or printed name of signee

Affidavit

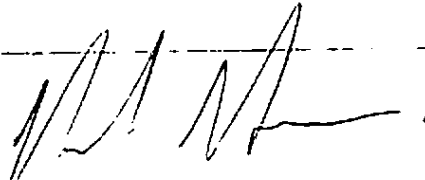
I, Hamid Hassan, owner of DSN Products Inc., hereby declare under oath as follows:

1. **Affiant's Information:**
 - o My name is Hamid Hassan.
 - o I am the owner of DSN Products Inc.
2. **Company Information:**
 - o DSN Products Inc. is a corporation duly incorporated under the laws of state of Florida, USA, having its principal place of business at 904 NE 2ND Street, Boca Raton, FL 33432
3. **Dissolution of DSN Products Inc.:**
 - o DSN Products Inc. has been dissolved as of June 07, 2024
 - o I have no intention of revoking the dissolution of DSN Products Inc.
4. **Release of Company Name:**
 - o By this affidavit, I hereby release the name "DSN Products Inc." for use by another entity.

I affirm under penalty of perjury that the foregoing is true and correct.

Dated this 13 day of June, 2024.

Hamid Hassan



Owner of DSN Products Inc.

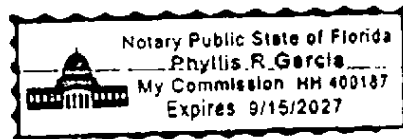
State of Florida

County of Palm Beach

Subscribed and sworn to (or affirmed) before me on this 13 day of June , 2024, by Hamid Hassan, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Phyllis R. Garcia

Notary Public



My Commission Expires: [Date] *09/15/2027*