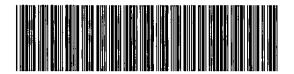
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#### **COVER LETTER**

TO: Registration So Division of Con			,	
SUBJECT:	Name of Lim	DSA MANAGEM ited Liability Company	nf, uc	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
-	<u></u> CA	Name of Person	<del></del>	
	7-610 11	Firm/Company	 L	
	9110 W.	Address	7	
	minm	7, FL 33/34 City/State and Zip Code	3E8	TI .
	CARLOS E-mail address: (	CHALOS A GIL DA to be used for future annual report notice	AHASSE 30	
For further information c	oncerning this matter, please c		mon R	[1],
(	Carlos Gic	at (305) 44	3-2525 PRINTER STATE STA	
Enclosed is a check for the	f Person  ne following amount:	Area Code Daytim	c Telephone Number	3.
\$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 ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### TO ARTICLES OF ORGANIZATION OF

GATTADOSS	A MANAgement, UC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $01/26/2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	ility 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)  3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	A 90 3
New Registered Office Address:	Enter Florida street address
	, Florida Zip ade
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

## Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Philippee Pinel 1055 NW 159 Drive DAD MIAMI GArdens, FL 33/65 Tremove MUR DAIME PARALIOS PLAMICIZ 1055 NW 159 Drive DAdd MIAMI GARdens, FL 334 Remove □ Add □ Remove \_□ Add ☐ Remove □ Add

☐ Remove

(The effective date must be specific, cannot be prior to date of receipt or	(optional) r filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)	(optional) r filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or	(optional) r filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)  Dated 12/23/14	filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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