

C13000118470

H18000333069 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000333069 3)))



H180003330693ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

SECRETARY OF STATE
DALE AMASSER, FLORIDA

2018 NOV 20 AM 9:55

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DALI MIAMI, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

T. CLINE
NOV 21 2018
EXAMINER

2018 NOV 20 PM 2:31

H18000333069 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALI MIAMI, 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 AUGUST, 21ST, 2013 and assigned Florida document number L13000118470

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 end with 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**)

14334 BISCAYNE BLVD

NORTH MIAMI BEACH, FL 33181

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:

ROMAR INTERNATIONAL LLC

New Registered Office Address:

14334 BISCAYNE BLVD

Enter Florida street address

NORTH MIAMI BEACH, Florida 33181

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

H18000333069 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|------------------------------|--------------------------------|--|
| MGR | DANILO NOYA FONSECA | 1000 BRICKELL AVENUE SUITE 201 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| MGR | LIANE PITTA LIMA MOURA COSTA | 1000 BRICKELL AVENUE SUITE 201 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| AMBR | DANILO NOYA FONSECA | 14334 BISCAYNE BLVD | <input checked="" type="checkbox"/> Remove |
| | | NORTH MIAMI BEACH, FL 33181 | <input type="checkbox"/> Add |
| AMBR | LIANE PITTA LIMA MOURA COSTA | 14334 BISCAYNE BLVD | <input checked="" type="checkbox"/> Add |
| | | NORTH MIAMI BEACH, FL 33181 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

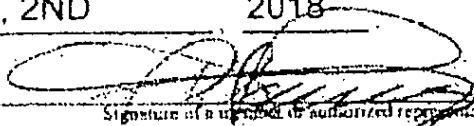
RECEIVED
2018 NOV 20 9:55 AM
SUNBIZ LLC
MIAMI, FL 33131

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)

(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST, 2ND 2018



Signature of a member or authorized representative of a member

DANILO NOYA FONSECA

Typed or printed name of signee

FILED
2018 NOV 20 AM 9:55
CLERK OF STATE
TALLAHASSEE, FLORIDA