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COVER LETTER

OUD HEZET.	D'Orsa and	Associates, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Patricia E. D'Orsa-Dijameo	•	
		D'Orsa and Associates, LL	Name of Person	
		14235 Arrow Point Court	Firm/Company	
		Estero, Florida 33928	Address	
		dorsadijamco@gmail.com	City/State and Zip Code	
			to be used for future annual report noti-	fication)
For further i	nformation c	oncerning this matter, please ca	ill:	
Patricia E. [D'Orsa-Dijam Name o		at (at ()	e Telephone Number
Englaced is	n chack for th	ne following amount:		
Enctosed is :		S30.00 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:

TO:

Registration Section
Division of Corporations

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

D'Orsa and Associates, 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 February 1, 2008 and as Florida document number L08000011801 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 "I 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type
MGR	Dominie F. Dijameo		
	· · · · · · · · · · · · · · · · · · ·	14235 Arrow Point Court	
		Estero, Florwida 33928	= Rc
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MGR	Annette M. Dijamco		
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Ā	Annette M. Dijamco is now the Secretary
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cti	ive date, if other than the date of filing: (optional) ective 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 0
<u>e:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l
ווו	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear
	90th day after the record is filed.
ed	September 12. 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Patricia E D'Osa Dijano
	Tatricia E D'Ursa-Vijanco

Page 3 of 3

Filing Fee: \$25.00