## Florida Departingo of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DADDA HOLDINGS, LLC

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Help

Audit Fax# H150002509623

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADDA HOLDINGS, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	<del></del>
The Articles of Organization for this Limited Liability Company we	ere filed on 04/01/2008	and assigned
Florida document number L08000033353	_	- 0
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	istion "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		····
<del>-</del>	<u> </u>	
Enter new mailing address, if applicable:	•	THE CO
(Mailing address MAY BE A POST OFFICE BOX)		
-		SS. O
B. If amending the registered agent and/or registered offic	e address on our records, enter the	Hame of the ne
registered agent and/or the new registered office address here:	e madress on our recovery contribute	23 ORID
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

Page 1 of 3

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

Title	<u>Name</u>	<u>Address</u>	Type of Action	
MGR	ANTONETTE ST. MARTIN	4599 NORTH BUFFALO DRIVE		
		BEVERLY HILLS, FL 34465	■ Remove	
			□ Change	
			☐ Remove	
			Change	
<del></del>				
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			20 AH & 23 ASSEEL FLORID	
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E. Effective date, if other than the date of filing:  (If m 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 6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lideoument's effective date on the Department of State's records.	)5.0207 ( sted as t	3)(b) he
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier of:	
Dated October 20, 2015		
Signature of a member or authorized representative of a member		
ALAN S. GASSMAN, Authorized Representative		

Page 3 of 3

Filing Fee: \$25.00