L09000060586

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	WALK IN				
	PICK UP: 11/30/2020				
W	CERTIFIED COPY PHOTOCOPY				
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xx	FILING L.L.C.: Amen D.				
	DACAV GROUP, L.L.C. (CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
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	(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
IIA RU	L CTIONS:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DACAV GROUP, L.L.C.	
(Name of the Limited Liability Co (A Florida Limi	mnany as it now appears On our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L09000060586 This amendment is submitted to amend the following:	
A. If smending name, enter the new name of the limited.	lability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.t.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	and/or registered office address on our records, enter the name of the new registered the address here: ent: Enter Florida sheet address
	, Florida
New Registered Agent's Signature, if changing Registered Age	· E3
provisions of all statutes relative to the proper and compt accept the obligations of my position as registered agent being fluct to marely reflect a change in the registered off	
company has been notified in writing of this change.	
11.0	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>	Name	Address	Type of Action
MGR	DAVID PULIDO	10949 SW 58 TERRACE	≅Add
		DORAL, FL 33178	[]Remove
			Change
			DAdd
			□Remove
			☐ Change
			bbA□
			□Remove
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			Remove
			☐ Change
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			☐Remove
			Channe

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effection of the control of the cont	tive date, if other than the date of filing: (optional) (frective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
ne rec	ord 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 filed.
	11/25/2020
	Signature of a member or authorized representative of a member
	SUGENIO DUARTE.
	Typed or printed name of signer

Filing Fee: \$25.00