Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 Phone : (305)670-1991 Fax Number : (305)670-1993

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 DALAU US, LLC

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

DALAU US, I.I.C	· ·			
(Name of the Limited Limitly (A Florida Li	"omnany as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Con	pany were filed on 08/07/2009	and assigned		
Florida document number 1.09000076258				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:	and the second of the second o		
The new name must be distinguishable and centain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C.", 1		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>			
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Enter new malling address, if applicable:		7.3		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			

		1. (4.)(4.)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r the name of the n		
Name of New Registered Agent:	·	· :		
New Registered Office Address:				
•	Enter Florida street address			
	, Florida			
	Cirv	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

From Paola Sancnez Fax: (788) 475-7424 To. Fax: (850) 617-6383 Page 4 of 5 11/08/2018 10 55 AM

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 Title	Name	Address	Type of Action
MGR	DANIEL FERNANDO CASSOLA	9130 S DADELAND BLVD	` = Add
		STE 1509	
		MIAMI, FI. 33156	☐ Change
MGR	G & G MANAGEMENT US , LLC	9130 S DADELAND BLVD	□ Add
		STE 1509	
		MIAMI, FL 33156	Change
			్రీ
			Remove
			Change
	·		
			Remove
			Change
			□ Add
			🖸 Remove
			☐ Change
			□ Remove
			Change

aola Sanchez	Fax; (786) 475-7424	To.	Fax: (850) 817-8363	Page 5 of 5 11/08/2018 10 55 AM
D. If amen	ding any other informa	tion, enter change(s) here:	(Attach additional sh	eets, if necessary.)
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(If an effec <u>Note:</u> If documen	tive date is listed, the date mus The date inserted in this bloom's effective date on the Di	ock does not meet the applicab epartment of State's records.	date of filing or more than ie statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.6 rements, this date will not be listed
	rd specifies a delayed Oth day after the rec		an effective time, a	at 12:01 a.m. on the earlie
Dated O	CTOBER 31	2018		
~ 310 11	A	The least	-	

Typed or printed name of signee