



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.

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

From:
Account Name : CONTADORMIAMI.COM INC
Account Number : 120200000130
Phone : (954)345-7888
Fax Number : (786)713-1940

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
DILEMA GROUP LLC

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

2022 MAY 23 PM 1:30

APPROVED
AND
FILED

2022 MAY 23 PM 2:20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DILEMA GROUP 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 FLORIDA and assigned
Florida document number L10000068608.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

300 BAYVIEW APT 511

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

300 BAYVIEW APT 511

SUNNY ISLES, FL 33160

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:

CARLOS KATTAN

New Registered Office Address:

300 BAYVIEW APT 511

Enter Florida street address

SUNNY ISLES

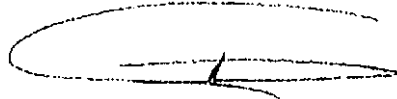
Florida

City

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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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMI CARLOS FURMAN	300 BAYVIEW APT 511	<input type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RUTH RAQUEL FURMAN	300 BAYVIEW APT 511	<input type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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