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COVER LETTER

TO: Registration Se Division of Co		•	
SUBJECT: DO	SSOM HEAD Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	The state of the s
Please return all correspo	ondence concerning this matter	to the following:	
	Dominic		
		Name of Person	
		Firm/Company	
	15214 994	1 St N Address	
	WOST FORM	BCach, F1 33 City/State and Zip Code	4112
	E-mail address: ()	to be used for future annual report notif	fication)
For further information e	concerning this matter, please co	all:	
DMINI (D Name o	A LOSSIO	at (561) 835 · Area Code Daytime	1993 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DASSUM	7 Head LLC	
(Name of the Limited	Liability Company as it now appears on o Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L \\ 0000</u>		9 11 And assisted
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	ation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	ile:	
(Principal office address MUST BE A STREET)	ADDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name **Address** 2159 MCadamia Ln Gadd MGR Kenneth John Saint James City F1 ☐ Change P.O. BOX 61646 Padd MGZ F1. Myers, F1 33906 ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

Iffective date, if other than the date of filing:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.
Dated <u>July 15</u>
Signature of a member or authorized representative of a member
Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00