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DIVISION DE TARRESTANTA

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
erm	DVASS LL	.c		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Dimitri Vassilakopoulos		
			Name of Person	
		DVASS LLC		
			Firm/Company	
		3725 NE 167th St Apt 1		
		<u> </u>	Address	
		North Miami Beach, FL 3	33160	
			City/State and Zip Code	<del></del>
		kostas3725hotmail.com		
		E-mail address: ()	to be used for future annual report notifi	cation)
For fi	irther information co	oncerning this matter, please ea	ıll;	
Dimit	tri Vassilakopoulos	5	305 240-1980	
	Name of	l Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ S.	25.00 Filing Fee	\$\$\$30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting 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

DVASS LLC			
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our remited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Con Florida document number L13000024277	npany were filed on 02/15/2013	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Hiability Company," the designation	'LLC" or the abbreviation "L.I.	C."
Enter new principal offices address, if applicable:		<u></u>	٧١¢
(Principal office address MUST BE A STREET ADDRES	<u> </u>		15174 J
	**************************************	~	
Enter new mailing address, if applicable:		A	- £C−
Mailing address MAY BE A POST OFFICE BOX)		တဲ့	
Muning undersa MATE DE ATTOMT OF FICE DOM		£	<del></del>
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:			of the r
		. Florida	
	City	Zip Code	<del>-</del> -
New Registered Agent's Signature, if changing Registered A	sgent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my dutie. 11 as provided for in Chapter 6	s, and I am familiar with 05, F.S. Or, if this docur	i and ment is

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Konstantinos Vassilakopoulos	3725 NE 167th St Apt 1	<b>⊒</b> Add
		North Miami Beach, FL 33160	Remove
			□ Change
			Remove
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an effective date is listed, the date must	ck does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
e record specifies a delayed The 90th day after the reco		e time, at 12:01 a.m. on the earlie
June 18th	. 2018	
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Filing Fee: \$25.00