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 : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076

Phone

: (305)388-7028

Fax Number

: (305)479-2705

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*: 

Email	Address:_	 <u> </u>	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DA INTERNATIONAL, LLC

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

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O SIMMONS JUN 1 1 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DA INTERNATIONAL, LLC		
(Name of the Limite	d Liability Company as it now an A Florida Limited Liability Compa	nyl	
The Articles of Organization for this Limited Li- Torida document numberL13000092107		00000013	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o			
N/A  The new name must be distinguishable and contain the v	ords "Limited Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		ÇC ,
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Nor registered office addre	ess on our records, e	nter the name of the ne
<del></del>		<del></del>	
New Registered Office Address:	En	nter Florida street address	
·		, Flori	
	City		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>tlc</u>	Name	Address	Type of Action
 IGR	GINY JAKUBOWICZ RAITAN	3801 NE 207TH ST. #33	
		AVENTURA, FL 33180	Remove
			Change
GR	STANISLAO JAKUBOWICZ RAITAN	3801 NE 207TH ST. #33	
		AVENTURA, FL 33180	■ Remove
			☐ Change
<b>i</b> GR	MARTIN JAKUBOWICZ FEDER	3801 NE 207TH ST. #33	bbA 🗀
		AVENTURA, FL 33180	■ Remove
			Change
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			Remove
			Change

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