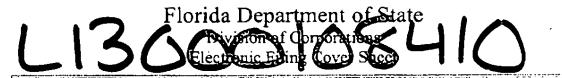
2/17/22, 1:53 PM

Division of Corporations



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.

(((H22000063690 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

**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 DESMYD, LLC Certificate of Status Certified Copy 0 Page Count 07 Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Division of C	Section Corporations			
	D, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	DARLIN ESPINOSA			
		Name of Person		
	RICHARDS & PARTNE	RS, P.A.		
		Firm/Company		
	2665 SOUTH BAYSHOR	E DRIVE SUITE 703		
	·-··	Address		
	MIAMI, FL 33133			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used for future annual report not	fication)	
For further informatio	n concerning this matter, please o	all:		
Darlin Espinosa		305 858-9900 at ()		
Nam	e of Person		e Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	S30.00 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 Add Registratio		<u>Street Address:</u> Registration Se Division of Cor		

P.O. Box 6327 Tallahassec, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESMYD, LLC	С	
(Name of the Limited Liability Company as it r (A Florida Limited Liability (now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on07/31/2013	and assigned
Florida document number L13000108410		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability cor	mpagv here :	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	202
(Principal office address MUST BE A STREET ADDRESS)	5.7	NI 2 F E B
	<u> </u>	8
Enter new mailing address, if applicable:		P COV
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
·	` ,	<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of	the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
Cip		ip 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 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>	Name	Address	Type of Action
MGR	DESMYD ALJA FLORIDA, LLC	16630 SUNSET WAY	
		WESTON, FL 33326	■ Remove
			Change
MGR	FERNAN RODRIGUEZ	2665 SOUTH BAYSHORE DRIVE	= Add
		SUITE 703	□Remove
		MIAMI, FL 33133	□ Change
			🗀 Add
			□ Remove
			□ Add
			□Remove
		, 	Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		,	□Remove
			□ Change
			□Add
		: <u></u>	□Remove
			Change

I am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
iote:	live date, if other than the date of filing: [coptional] [coptional]
reco Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	FEBRUARY 17 2022
	Fernan Rodriavez
	Signature of a member or authorized representative of a member
	FERNAN RODRIGUEZ

Filing Fee: \$25.00