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(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Se Division of Cor				
CUDIE		MAS AMERICA LLC			
SUBJE	C1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		RAQUEL B. MOWRER			
			Name of Person		
		OGC ASSOCIATES ORL	ANDO CORP.		
			Firm/Company		
	5 EC SEC				
			Address		
		ORLANDO, FL 32835			
			City/State and Zip Code		
		RAQUEL@OGCFINANC			
			to be used for future annual report notification)	章 28	
For furt	her information co	oncerning this matter, please c	all:		
RAQU	EL B. MOWRER		407 985-4404 at ()		
	Name o	f Person	Area Code Daytime Telepho	one Number	
Enclose	d is a check for th	ne following amount:			
	.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)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS SISTEMAS AMERICA LLC							
(Name of the Lim	ited Liability Compa (A Florida Limited l	iny as it now appears on our i Liability Company)	records.)				
The Articles of Organization for this Limited I	Liability Company	were filed on 04/14/2014	and assigned				
This amendment is submitted to amend the fol	llowing:						
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company here:					
DSIM PROPERTIES LLC							
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if appli	icable:	7041 Grand National Drive, suite 108					
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32819					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7041 Grand National Dri Orlando, FL 32819	ive, suite 108				
			5% 5				
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered o office address her	ffice address on our re <u>e</u> :	ecords, enter the name of the				
Name of New Registered Agent:	OGC ASSOCI	OGC ASSOCIATES ORLANDO CORP.					
New Registered Office Address:	7065 WESTPO	DINTE BLVD. SUITE 205 Enter Florida street	address				
	ORLANDO	ismer r tor act street	. Florida ³²⁸³⁵				
	 	City	, FIORIda 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>Title</u>	Name	<u>Address</u>	Type of Action		
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		Orlando, FL 32835	□ Remove		
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Filing Fee: \$25.00