L14000135400

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	ESTMENT AND SERVICES	I.LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANA MARIA PARRA		
		Name of Person	
		Firm/Company	<u></u>
	9041 PEMBROKE ROAD		
		Address	
	PEMBROKE PINES, FL 3	33025	
	PARRANA4@GMAIL.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
ANA MARIA PARRA		954 629-2264 at ()	
Name o	f Person	Area Code Daytime	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		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DASA INVESTMENT AND SERVICES		
(<u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000135400	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "E	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fioriaa sireei auaress	
	, Florid	Zip Code
	CW.	zw coae

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>	<u>Name</u>	Address	Type of Action
AMBR	ANA MARIA PARRA	9041 PEMBROKE ROAD	= Add
		PEMBROKE PINES, FL 33025	□Remove
			□Change
PR	ANA MARIA PARRA	9041 PEMBROKE ROAD	□Add
		PEMBROKE PINES. FL 33025	=Remove
			□Change
VP	ANA MARIA PARRA	9041 PEMBROKE ROAD	□Add
		PEMBROKE PINES, FL 33025	≡ Remove
			Change
			□Remove
		-	Change
			Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	
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	05110/2021	
If an eff	ve date, if other than the date of filing: 05/18/2021 (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	(a) Pursuant to 605.0207
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	e will not be listed as i
		· · · · · · · · · · · · · · · · · · ·
e recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Ted.	he 90th day after the
Dukud	05/18/2021	,
Dated		; ,
	January.	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee