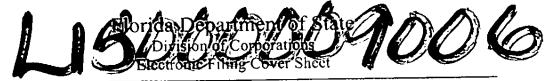
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4/15/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERNATIONAL DIVISION BY LARSON LLC

Account Number : I20190000106 Phone : (407)982-2239 Fax Number : (407)370-3120

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

Email Address: FERNANDA . ID @ LARSON ACC. COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DSS FAMILY REAL ESTATE LLC

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Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO: R	egistration Sec ivision of Corp	ction porations		
our reco	DSS FAMILY REAL ESTATE LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CAROLINE LARSON Name of Person INTERNATIONAL DIVISION BY LARSON LLC Firm/Company 7901 KINGSPOINTE PARK WAY STE 17 Address ORLANDO, FL 32819			
SUBJECT	·	Name of Limit	ed Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please retu	ım all correspo	ndence concerning this matter t	o the following:	
		CAROLINE LARSON		•
	·		Name of Person	-
		INTERNATIONAL DIVIS	ION BY LARSON LLC	of Person ARSON LLC Company TE 17 Iddress and Zip Code If future annual report notification) 407 370 3686 Area Code Daytime Telephone Number Of Filing Fee & Certificate of Status & Certif
			Firm/Company	
		7901 KINGSPOINTE PAR	KWAY STE 17	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		FERNANDA.ID@LARSO		
		E-mail address: (o be used for future annual report notiti	ication)
For further	er information o	concerning this matter, please or	ill:	
CAROL	NE LARSON		- - • · ·	
	Name (of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSS FAMILY REAL ESTATE LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L15000009006	ompany were filed on <u>01/15/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	_,
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L L.C."
Enter new principal offices address, if applicable:		he abbreviation "L L.C.P.
Principal office address MUST BE A STREET ADDR	(ESS)	
		,
Enter new mailing address, if applicable:		<u>ب</u> ——————
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>e</u> ress here:	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	Cirv	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

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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
MGR	Jose Carlos Di Sessa	8294 LUDINGTON CIRCLE	Add
		OREANDO, FL 32836	Remove
			Change
MGR	Vera Lucia Bravo Di Sessa	8294 LUDINGTON CIRCLE	∃ Add
		ORLANDO, FL 32836	Remove
			☐ Chango
MGR	THIAGO DI SESSA ROSA	8294 LUDINGTON CIRCLE	Add 50
		ORLANDO, FL 32836	Remove
			· 🗖 Change
			Add
			□ Remove
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and ca lock does not me	annot be prior to a et the applicabl	date of filing or me e statutory filing	- than OO days aft	tional) er filing.) Pursuant to is date will not be l	605,02 listed a
	d effective da ord is filed.	te, but not a	ın effective ti	me, at 12:01	a.m. on the ea	rlier
f the record specifies a delaye b) The 90th day after the rec						
f the record specifies a delaye b) The 90th day after the record pated APRIL 13		2019				

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