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TO: Registration So Division of Cor				
SUBJECT: DA	LANTONIA MOR	EIRA ENTERPLISES nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kelly	Dall Antonia Name of Person		
	Dalla	NTONIA MOREIAS	Enterprises (11c
		He Ave, Ste 24		
	SARASOtA	City/State and Zip Code		
	E-mail address: (ANTONIA CHOTAS!. (to be used for future annual report notif	Con ication)	
For further information c	oncerning this matter, please c	all:		
Kelly D	ANTONIA FPERSON	at (<u>991</u>) <u>947</u> Area Code Daytimo	1296 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 enclo	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ENTER	perses (<u> </u>
(A Florida Limited 1	Liability Company)	is on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/10/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	·	
Enter new mailing address, if applicable:			ECRE TARY OF COM
(Mailing address MAY BE A POST OFFICE BOX)			FORATIONS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	Cuy	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		* *	

If Changing Registered Agent, Signature of New Registered Agent

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 or removed f	Authorized Person(s) authorized to m. From our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma $AMBR = Au$	anager . athorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Kelly Dall Antonia	8437 tottle Aur, Ste Zy	<mark>)_</mark> □ Add
		8437 tuttle Aur, Ste 243 SARASOFA, FL 34243	
			
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		Signate	ire of a mem	ber or authori	zed representa	tive of a mer	nber		

Page 3 of 3

Filing Fee: \$25.00