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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Dasile Hold	tings LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Kas	Name of Person	
	McGoey	\$ Shark Co's	CPA'S PA
	639 Ea	St Ocean Aver	rue Hiol
	Boyston  Kash Och  E-mail address: (1	Seach FL 3 City/State and Zip Code  City/State and Zip Code  O be used for future annual report notit	3435
For further information	concerning this matter, please ca	ill:	
Kash Name	Shark of Person	at ( <u>561)</u> <u>734</u> Area Code Daytime	1_8599 Telephone Number
Enclosed is a check for	the 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	pany as it now appears on our recorded Liability Company)	<u>~</u>
The Articles of Organization for this Limited Liability Compan	·- 11	2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		020 H
(Principal office address MUST BE A STREET ADDRESS)		AR
Enter new mailing address, if applicable:		P : 1.
(Mailing address MAY BE A POST OFFICE BOX)	положен аррисание.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	Flo	orida
<del></del>	City	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Lastasa, FL 33462	Remove
MGR	Basile, Lisa	555-B Hypoluxo Roa	d that
		Lantana, FL 33462	Remove
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an effect	date, if other than the overdate is listed, the date must he date inserted in this blo	be specific and	cannot be pri	or to date of fil.	ng or more than	90 days after f	iting.) Pursu Jane will e	uant to 605.	,0207 -d-ac
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Pated		JA F	nember or aut	horized repres	entative of a me	mber			

Filing Fee: \$25.00