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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASTION, INC. Account Number : 120080000097

Phone : (305)255-5101 Fax Number : (305)255-9165 16 HAY 31 PM 2: 37
SECNETARY OF STATE ALLAHASSEE FLORIDA

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

Email Address: DANIELA @ VICTORY PETROLEUM. COM

SIGNAT 31 PM 3: 09

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DICCS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

JUH 0 1 2016 J. HARRIS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DICCS, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	filed on May 12, 2016	and assigned
Florida document number L16000093889		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
3901 Loquat, LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the	manufacture and the same of th
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MA	18 AB
		PH 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	h/ IX	
	address on our records, ente	r the name of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	All	
New Registered Office Address:	Enter Florida street address	
	ddress, if applicable: (Y BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, encylor the new registered office address here: (W) Registered Agent: (W) Registered Agent: (W) Registered Address:	
	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, 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	Address	Type of Action
	n/a	Ma	
			Remove
			☐ Change
			□ Remove
			☐ Change
	·		DAdd
	·		Change
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			CI Change

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If amending any other information, enter o	hange(s) here: (Attach add	ditional sheets, if neces	ssary.)	
				
				
	NA			
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Effective date, if other than the date of filb	ng:	(optic	onal)	
Effective date, if other than the date of fills (If an effective date is listed, the date must be specific as	nd cannot be prior to date of filing	or more than 90 days after	filing.) Pursuant to 605,0207	(3)(b
<u>Note:</u> If the date inserted in this block does not document's effective date on the Department of	State's records.	nung requirements, this	date will not be usted as	tne
he record specifies a delayed effective	data but not an effecti	ua tima at 17:01 a	m on the earlier of	F.
The 90th day after the record is filed	l.	ve time, at 12101 a		•
Dated May 31	2016			
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(outo de de	7	Aco	
Signature of	member of authorized represent	ative of a member	<u> </u>	
			TAN MAN	ς,
Carlos Fontecilla			<u> </u>	
	Typed or printed name of sign	ite	100 A	
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