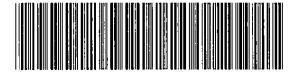
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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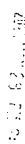
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COVER LETTER

| TO: Registration Division of C | i Section Corporations | | |
|--------------------------------|--------------------------------------|---|--|
| DACA | LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | | DANNY JARRIN | |
| | | Name of Person | |
| | | DACA LLC | |
| | | Firm/Company | |
| | | 10850 NW 23 ST. | |
| | | Address | |
| | | SWEETWATER | |
| | | City/State and Zip Code | |
| | | ORIDASERVICES@GMAIL.COM (to be used for future annual report notif | |
| For further information | on concerning this matter, please of | - | .caion, |
| | NY JARRIN | 305 608 0421 | |
| Nan | ne of Person | | e Telephone Number |
| Enclosed is a check for | or the following amount: | | |
| ■ \$25.00 Filing Fee | Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| P.O. Box 6 | on Section f Corporations | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | porations allahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | DACA LLC | |
|---|---|------------------------------|
| (<u>Name of the Limited Liabi</u> (A Flore | lity Company as it now appears on our records. da Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability Florida document number | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | . |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | he name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | rida |
| | Ciù. | Zıp €ode |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------------------|-----------------|-------------------|
| AMBR | CARLA V VILLA GUTIERREZ | 10827 NW 81 LN | = Add |
| | | DORAL, FL 33178 | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
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