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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJ	ECT: DFW	Name of Limite	ed Liability Company	
		endment and fee(s) are subm		
Pleaso	return all corresponder	ace concerning this matter to	the following:	
		Franky u	Name of Person	
		DFN Ent	Firm/Company	<u>C</u>
		3376 E	Address (6	unl
		14/1/ahass	City/State and Zip Code	317
	_	E-mail address: (to	o by used for lyrure annual report	notification)
For f	urther information cone	erning this matter, please ca	II:	
£	CA IA M	1. dul	at (<u>&O</u>) <u>2 2</u> Area Code Da	2 - 8 9 6 To ytime Telephone Number
Encl	osed is a check for the f	ollowing amount:		
<u> </u>	\$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

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

DEUL ENLEIDIGES	2012 ELT 31 1111:58
DFW ENGLISHS (Name of the Limited Liability Comp (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/70000/32</u> 30	y were filed on 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 Liab	oility 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)	3276 EMPSON CONE Tajlahasseljfi 32317
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3776 Emuson (onl Tallahossel, fl 37317
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 the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 3274	PEMPISON LAND Enter Florida street address
Tall	Giv Stel Borida 33317

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 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
			□Add
			□Remove
			[]Change
			□Add
			□Remove
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(If an ei <u>Note:</u>	tive date, if other than the date of filing: 10/3/32 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the record is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	October 31. 3037.
	Signature of a member or authorized representative of a member
	Franky Midel Typed or printed name of signee