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COVER LETTER TO: Registration Section Division of Corporations AND EXPORT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this mafter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDREWOSEPHI (954) 2

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMIMPORT	AND EXPORT LLC
(<u>Name of the Limited Liability Company</u> A Florida Limited Lial	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 11/02/17 and assigned
Florida document number 17000 027119	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5801 N.W. 57" CT
(Principal office address MUST BE A STREET ADDRESS)	Apt 13208
-	TAMABAC, FL 33319
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	三
	Enter Florida street address Florida
	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 pe	erformance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office ac	iaress, i nereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amend	ing Authorized Person ed from our records:	n(s) authorized to ma	ınage, <u>(</u>	enter the title, name, a	and address of each	person being added
MGR = AMBR =	Manager Authorized Member					
<u>Title</u>	<u>Name</u>		<u>Add</u>	<u>lress</u>		Type of Action
MGR	DAPHNE,	A. ANDREJO	ΕΡΙ <u>1</u> _	<u>1ress</u> 5801 N.W.S TAMARAC	57th CTAPK , FL 33319	208 _☑ Add
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D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing		
Note: If the date inserted in this block does not in document's effective date on the Department of S	(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 neet the applicable statutory filing requirements, this date will not be listed	.0207 (3) ed as the
document 3 effective date off the Department of S	tate's records.	
If the record specifies a delayed effective d	iate, but not an effective time, at 12:01 a.m. on the earlier	r of:
(b) The 90th day after the record is filed.		
Dated 15th of November	2017.	
Janhan (A Count	
Signature of a m	nember or authorized representative of a member	
_ DAPHNE	A. ANDRE JOSEPH	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	
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