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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 lining Officer.

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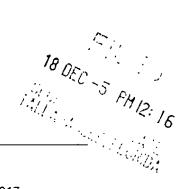
TO:	Registration Sec Division of Corp						
412.12.0		REIMANN GROUP USA LLC					
Name of Limited Liability Company							
The en	nclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.				
Pleaso	return all correspor	ndence concerning this matter t	o the following:				
		ANDREA REIMANN					
			Name of Person				
		DASOUSA LLC					
			Firm/Company				
		5700 NW 2 AVE UNIT 40					
			Address	·			
		BOCA RATON / FL / 334	87				
			City/State and Zip Code				
		DASOUSALLC@GMAIL.COM					
		E-mail address: (t	to be used for future annual report notifi	cation)			
For fi	urther information co	oncerning this matter, please ca	all:				
AND	REA REIMANN		801 6572614				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclo	osed is a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



REIMANN GROUP USA LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L17000244209		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
DASOUSA LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	1 6°	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the nev
Name of New Registered Agent:		
Name Basistand Office Address		
New Registered Office Address:	Enter Florida street address	
	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	ent:	

If Changing Registered Agent, Signature of New Registered Agent

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

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 Type of Action <u>Title</u> <u>Name</u> _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _ 🗆 Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove _□ Change

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Note:	ive date, if other than the date of filing: December 3, 2018 (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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the solution of the carlier of the secord is filed.
	DECEMBER 3, 2018
Dated	Mei wanu 7.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00