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COVER LETTER ---

	istration Section sion of Corporations	
eun ieza	PAND B FLORIDA INVESTORS LIC	
SUBJECT	Name of Limited Liability Company	
The enclos	Articles of Amendment and fee(s) are submitted for filing.	
Please retu	all correspondence concerning this matter to the following:	
	Sebastian Gelferin	-
	Name of Person	
	PAND B Floring INVESTORS LLC	-
	Firm/Company	
	3245 NE 184™ St #13109	-
	11. 1. 01 +1 221C0	
	City/State and Zip Code	-
	Sebastian GUELAGRIN DETAIL COM	
	E-mail address: (to be used for future annual report notification)	
For further	formation concerning this matter, please call:	
_56	ASTAN GUELPORIN a. 305, 300 6006	
	Name of Person Area Code Daytime Telephone Number	:
T. 1 1	And Control College in a second	
	(additional copy is enclosed) Certified	ite of Status &
	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

	DA INVESTORS LI		
(Name of the Limited Liability Comp (A Florida Limited			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800005528</u> .	y were filed on OI/O	5/18 and assi	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" orthe abbreviation "L.I	
Enter new principal offices address, if applicable:			_ <u>₽</u>
(Principal office address MUST BE A STREET ADDRESS)		> >	1810 1810 1810
		 	<u> </u>
		0	
Enter new mailing address, if applicable:	**	X	유무도 - 일사 -
(Mailing address MAY BE A POST OFFICE BOX)	·	<u>ශ</u>	_ <u>\</u>
		٧	38.
B. If amending the registered agent and/or registered o		ecords, enter the name	of the new
registered agent and/or the new registered office address he	<u>re</u> :		
N. CN. D. L. LA			
Name of New Registered Agent:			
New Registered Office Address:	5 - 5 - 1		
	Enter Florida street	address	
	City	, Florida Zip Code	
No. Ducintored Amenta Signatura if changing Ducintored Agent	•	ър Coae	

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
MBR	RODRIGO CALABRESE	3245 NE 184" ST #13109	Add
		3245 NE 184# St #13109 AVENTURA FL 33160.	☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			🗀 Add
			Remove
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lf an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neet's effective date on the Department of State's records.		
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he red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier	r of
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