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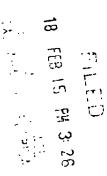
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COVER LETTER

TO: Registration So Division of Con			
	ILIMITED, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
			
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	all:	
David Alvarado		407 285-5381	
Name o	f Person	Area Code Daytime	State and Zip Code ed for future annual report notification)
Enclosed is a check for the	he 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:

TO:

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'AL. UNLIMITED, LIMITED LIABILITY COMPANY	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n Februray 7, 2018 and assigned
Florida document number L18000034271	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
DA'AL UNLIMITED, LLC	
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:	
Principal office address MUST BE A STREET ADDRESS)	<u>ы</u> . 60
	55 1
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	, , , - , ,
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the r
Naw Paristand Office Address	
New Registered Office Address: Enter	r 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 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
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Filing Fee: \$25.00

Typed or printed name of signee