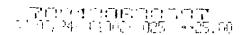
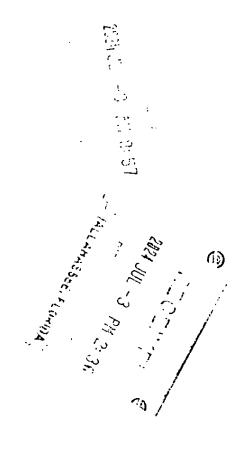
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| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer. |
|   |
| J. HORNE<br>JUL - 8 2024                |
| J. 40.                                  |
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Office Use Only







## **COVER LETTER**

| Division of Cor                |  |   |   |
|--------------------------------|--|---|---|
| Diced Man                      | agement LLC                                  |   |   |
| SUBJECT.                       | Name of Lin                                  | nited Liability Company   |   |
| The enclosed Articles of       | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo     | ordence concerning this matter               | to the following:   |   |
|                                | David Bauer, Esq.                            |   |   |
|                                |  | Name of Person  | <del></del>   |
|                                | Bauer Gutierrez & Borboi                     | n. PLLC   |   |
|                                |  | Firm Company  |   |
|                                | 814 Ponce De Leon, Suite                     | 210   |   |
|                                |  | Address   |   |
|                                | Coral Gables, FL 33134                       |   |   |
|                                | david@bgblawgroup.com                        | City/State and Zip Code   |   |
|                                | E-mail address: (                            | to be used for future annual report not                             | fication)   |
| For further information c      | oncerning this matter, please c              | all:  |   |
| David Bauer, Esq.              |  | 305 340-5959  |   |
| Name of                        | Person                                       | at ()<br>Area Code Daytin   | Telephone Number  |
| Enclosed is a check for th     | e 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S |  | <u>Street Address:</u><br>Registration Se                           | ction   |
| Division of C                  | orporations                                  | Division of Cor   | porations   |
| P.O. Box 632                   | 1  | The Centre of T   | [allahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 J.C. -3 201 8:56

Diced Management LLC

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

| (A Florida Limic   | ed Liability Company)                      |                              |
|--|--|------------------------------|
| The Articles of Organization for this Limited Liability Compa<br>Florida document number 1.18000055287           | ny were filed on 03/01/2018                | and assigned                 |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the limited li  | ability company here:                      |                              |
| The new name must be distinguishable and contain the words "Limited Lia  | ability 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)  |  |                              |
| Enter new mailing address, if applicable:  |  |                              |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                              |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | re address on our records, <u>enter th</u> | ie name of the new registe   |
| Name of New Registered Agent:  |  | <u> </u>                     |
| New Registered Office Address:   | Enter Florida street address               |                              |
| _  | , Flor                                     | ida                          |
|  | City                                       | ida<br>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> | Name                 | <u>Address</u>              | Type of Action |
|--------------|----------------------|-----------------------------|----------------|
| MGR          | Angel Fernandez, Jr. | 814 Ponce de Leon Blvd      |                |
|              |                      | Suite 219                   | ≣Remove        |
|              |                      | Coral Gables, FL 33134      |                |
| MGR          | Josh Golder          | 102 24th Street             |                |
|              |                      | PH 1717                     |                |
|              |                      | Miami Beach, FL 33139       | <del></del> -  |
| MGR          | Otto Perez           | 7500 SW 38 Street           |                |
|              |                      | Miami, Florida 33155        |                |
|              |                      |                             | []Change       |
| MGR          | Cesar A. Millan      | 18164 SW 154 Avenue         |                |
|              |                      | Miami, Florida 33187        |                |
|              |                      |                             | □Change        |
| MGR          | Diced Holdings LLC   | 191 Giralda Avenue          | <b>≣</b> ∆dd   |
|              |                      | PH Suite                    | ∃Remove        |
|              |                      | Coral Gables, Florida 33134 | []Change       |
|              |                      |                             | □Add           |
|              |                      |                             | □Remove        |
|              |                      |                             |                |

| ramendi                  | ing any other information   | i, enter change(s) here:      | (Attach additional                              | sheets, if necesso  | (P.V.)  |
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| <u>Note:</u> If t        | date, if other than the date we date is listed, the date must be he date inserted in this block's effective date on the Depar | does not meet the applicab    | date of filing or more the statutory filing rec | (optiona<br>ban 90 days after fili<br>quirements, this da | l)<br>ng.) Pursuant to 605,020'<br>te will not be listed as |
| record sp<br>d is filed. | occifies a delayed effective da   | ite, but not an effective tim | e. at 12:01 a.m. on th                          | ne earlier of: (b)  | The 90th day after the                                      |
| Dated                    | June 26   | . 2024                        | _ •   |   |   |
|                          | /s/ Otto Perez  |                               |   |   |   |
|                          |   |                               |   |   |   |
|                          | Sig   | nature of a member or authori | zed representative of a                         | member  |   |

Filing Fee: \$25.00