## L18000057698

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	•
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 HAR -8 PM 3: 56

DART ENTERPRISE, LLC

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

(A Flori	ida Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	3/5/2018	and assigned
Florida document numberL18000057698	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	ere:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the d	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ecords, <u>enter the r</u>	name of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
<u> </u>		, 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, enter the title, name, and address of each person being added or removed from our records: UIVISION GARYS

MGR = Manager

AMBR = A	uthorized Member	<1 h	MAR - 2
<u>Title</u>	<u>Name</u>	Address	AR -8 Type 31 5 ction
MGR	JUAN J BOTERO	9712 YELLOW STONE PLACE	□Add
		TAMPA, FL 33634	Remove
			Change
			□Add
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Note: If the da	e, if other than the date is listed, the date must be the inserted in this block fective date on the Department.	c does not meet	the applicable	statutory filii	ig requirements	, this date will	suant to 605,0207 not be listed as
record specifi d is filed.	es a delayed effective o	ate, but not an	effective time.	at 12:01 a.m.	on the earlier o	f: (b) The 90t	h day after the
Mai	rch 2nd		021				
		unature of a men	LUL /	returned representative	e of a member	···	
	,,,		CAROLINA I				
-		Tvi	ned or printed n	ame of signee			

Filing Fee: \$25.00