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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OMA 50	shi 1.16		
SUBJECT:	Name of Limited L	iability Company	.
The enclosed Articles of Amendment and	fee(s) are submitted	I for filing.	
Please return all correspondence concerni	ng this matter to the	following:	
	z		
Die	90 Qui	Jada Name of Person	
()	Name of Person	
OMA	505HI	Firm/Company	
		Firm/Company	
12700	, (ountr	side Ter	
		Address	
<u>Coope</u>	c city.	FL 33330	
	mail address: (to be i	SHI . LOM used for future annual report notifica	tion)
For further information concerning this m	natter, please call:		
Diego Wojada Name of Person		at (954_) 850-0	619
Name of Person		Area Code Daytime Te	elephone Number
Enclosed is a check for the following amo	ount:		
■ \$25.00 Filing Fee □ \$30.00 Fil Certifica	ing Fee & □ te 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

DMA SUS	HI					
(Name of the Limite	d Liability Com A Florida Limite	pany as i d Liabilit	t now appears on o y Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number $L1800016287$		ny were	filed on Jul	y 05, 2018	and assi	gned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liz	abili <u>ty c</u>	ompany here:			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ıble:		mpany," the designa	tion "LLC" or the a	bbreviation "L.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>				18	<u> </u>
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered fice address h	office nere:	address on our	records, enter	r the name	the new
Name of New Registered Agent:	Diego	L	Quijada	Tipodo	~ ~	_
New Registered Office Address:	12700	Coun	Rosjada tryside Te Enter Floridas	v treet address		
	(00 px:	ci+		Florida _	33330 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Diego I Quijada	12700 Co-Atryside Ter	Add
		carper city, FL 33330	⊠ Remove
			Change
MGA	Diejo I Quijada Tirado	12700 countryside Ter	⊠ Add
		cooper city, FL 33330	□ Remove
			Change
			Remove
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(If an ef Note:	etive date, if other than the date of filing: August 01, 2018 (optional) flective 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 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	5.0207 .ed as
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of
(D) INE		
	July 23 . 2018	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00