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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Solution of Col			
D.I.T.S. G SUBJECT:	LOBAL LLC		
	Name of Lim	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Monica Uscategu		
		Name of Person	
	Greenlight Financial, LLC		
	7480 SW 40 St Suite 810	Firm/Company	
	Miami, FL 33155	Address	
	muscategui@greenlightfinai	City/State and Zip Code notal.net	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Monica Uscategui		305 860 5970	
Name (of Person	at ()	Telephone Number
Enclosed is a check for t	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:

Registration Section Division of Corporations P.O. Box 6:27 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

D.I.T.S. GLOBAL LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on07/19/2018	and assigned
Florida document number L18000173781		
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 "Lumited Li	ability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		1819
Enter new mailing address, if applicable:		THE SECOND
(Mailing address MAY BE A POST OFFICE BOX)		20

B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>en</u> <u>ere</u> :	ter the name of the ge
		* ar*
Name of New Registered Agent:		
New Registered Office Address:		
··· · · · · · · · · · · · · · · · · ·	Enter 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR Patricia Katherine Carbo Silva 1970 NW 129TH AVE STE 105 MIAMI, FL 33182	Title	<u>Name</u>	Address	Type of Action
Change	AMBR	Patricia Katherine Carbo Silva		
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Note:	If the date inserted in this block ment's effective date on the Department.	dues not meet the .	applicable statue.	ry filing requirements	s. this date will not be	listed as
ar/ca.	ment is entered to date on the treps	tunem of Pane Sie	corus.			
he re	ecord specifies a delayed e	ffective date, bu	it not an effe	tive time, at 12:	01 a.m. on the e	arlier of:
The	e 90th day after the record	l in filed.				
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	Tomas Hablich					

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