L18000173781

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500370367255

201 UT 29 PH W 14

 α

COVER LETTER

TO:

| | tegistration Se Division of Cor | | | |
|-------------|------------------------------------|--|---|---|
| enn meen | D.I.T.S. GI | OBAL LLC | | |
| SUBJEC | r: | | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please reti | irn all correspo | ndence concerning this matter | to the following: | |
| | | Monica Uscategui | | |
| | | | Name of Person | |
| | | Greenlight Financial LLC | | |
| | | | Firm/Company | |
| | | 7480 Bird Road #810 | | |
| | | | Address | |
| | | Miami, FL 33155 | | |
| | | | City/State and Zip Code | |
| | | muscategui@greenlightfina | | |
| | | E-mail address: (| to be used for future annual report not | tification) |
| For further | r information c | oncerning this matter, please co | ali: | |
| Monica U | scategui | | 305 860-5970 | |
| | Name o | f Person | at () Area Code Daytir | ne Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| ■ \$25.0 | 0 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) |
| | Tailing Addres Registration S | | Street Address: Registration So | ection |
| | Division of C | | Division of Co | |
| | O. Box 632 | | The Centre of | |
| ſ | 'allahassee, l | FL 32314 | 2415 N. Monro | pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D.I.T.S. GLOBAL LLC | | |
|---|---|---|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000173781</u> . | y were filed on07/19/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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 office agent and/or the new registered office address here: | address on our records, enter the na | me of the new registere |
| Name of New Registered Agent: | · | 702 |
| New Registered Office Address: | | 1.5 |
| | Enter Florida street address | 29 |
| | , Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | | ا المعلقية المساوية المساوية المساوية المساوية ال |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | e performance of my duties, and I an provided for in Chapter 605, F.S. O | gree to comply with the familiar with and r, if this document is |

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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------------------------|--------------------------------|-------------------|----------------|
| AMBR | Leonardo Luna | 1970 NW 129TH AVE | |
| | | MIAMI, FL 33182 | ■Remove |
| | | | □Change |
| AMBR Patricia Katherine Carbo Silva | Patricia Katherine Carbo Silva | 1970 NW 129TH AVE | □Add |
| | | 105 | ≣Remove |
| | | MIAMI, FL 33182 | □ Change |
| | | 🗀 Add | |
| | | | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| _ | |
|----------------------------|--|
| - | |
| | |
| | |
| | |
| • | |
| • | |
| - | |
| - | |
| | |
| | |
| | |
| • | |
| - | |
| - | |
| | _ |
| | |
| _ | |
| | |
| (If an efi <u>Note:</u> | ive date, if other than the date of filing: |
| ie recor ord is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | JULY 20TH 2021 |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00