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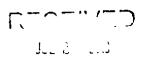
(Rea	uestor's Name)	
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO:

TO:	Registration Se Division of Cor				
SUBJ	ECT:	DASAM GRO	UP EXPORT TRADING LLC	C	
		Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		DANIE	L ALBERTO PEROZO SE Name of Person	ι	
		DASAM G	ROUP EXPORT TRADIN Firm/Company	G LLC	
			1824 COOLIDGE ST Address		
		H	OLLYWOOD FL 33020 City/State and Zip Code		
			SAMGROUP@GMAIL.COM to be used for future annual re	deport notification)	
For fu	rther information c	oncerning this matter, please ca	all:		
		ERTO PEROZO	at (954)	330-1779	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclos	sed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registratio Division o Clifton Bu	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DASAM GROUP I	EXPORT TRADING LLC		
(Name of the Limited Liability (A Florida	y Company as it now app Limited Liability Company	ears on our records.)	
(AT Milda	Emmed Endomey Company	; ,	.0
The Articles of Organization for this Limited Liability Co	ompany were filed on	08/16/2018	and assigned
Florida document number <u>L18000196213</u>	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company, -th	ie designation "LLC" or the a	inbreviation "L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:			
• • •			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist	tored office address	on our records entou	r the name of the no
registered agent and/or the new registered office addr		on our records, enter	the name of the ne
Nome of New Pagistered Agents			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Florida street address	
		. Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:		
		da manante. I Carela	
I hereby accept the appointment as registered agent a	ina agree to act in th	is capacity. I jurther ag	gree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
MGR	IVAN EDMUNDO ESCALA PONOMARIOVA	1824 COOLIDGE ST HOLLYWOOD, FL, 33020	■ Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
		<u> </u>	Change
			🖸 Add
			🗅 Remove
			Change

ive date, if other than the date of filing:
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
07/25/2019
Signature of a member or authorized representative of a member
DANIEL ALBERTO PEROZO MEDINA

Page 3 of 3

Filing Fee: \$25.00