Division of Corporations

6/11/2021

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(((H210002310553)))



H210002310553ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC

Account Number : 120200000189

Phone : (305)774-2945

Fax Number

: (305)774-1504

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	

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Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

To:

DTP LLC				SS: 1
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number L18000222138	ability Company	were filed on 09/18	/2018	and assigned 9:
This amendment is submitted to amend the folk	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here	;	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbrevi	ntion"L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7900 HARBOR ISLAND DR STE. 902A		
		NORTH BAY VILLAGE, FL 33141		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7900 HARBOR IS	SLAND DR STE. 902A .LAGE, FL 33141	
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our rec	ords, <u>enter the name of</u>	the new register
Name of New Registered Agent:	MARIA SOFIA CANO			<u></u>
New Registered Office Address:	7900 HARBOI	RISLAND DR STE.	902A	
	_,,,,,	Enter Florid	a street address	
	NORTH BAY	VILLAGE	, Florida ³³¹⁴¹	
	 	Ciry		Lip 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.

From: Leticia Sosa

Fax: 13057742945

To:

Fax: (850) 617-6383

Page: 3 of 4

06/11/2021 10:21 AM

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>	Name	Address	Type of Action
MGR	MARIA SOFIA CANO	7900 HARBOR ISLAND DR STE. 902A	
		NORTH BAY VILLAGE, FL 33141	□Remove
			□Change
MGR	CAROLINA MANO	7900 HARBOR ISLAND DR STE, 902A	≣Add
		NORTH BAY VILLAGE, FL 33141	□ Remove
			☐ Change
MGR	MARIA FLOR PALAZZOLO	7525 E TREASURE DR STE. 214	□Add
		NORTH BAY VILLAGE, FL 33141	≅Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			C.C.

		<u>,,</u>				
·						
			····			
						
						
						
(If an effective date is Note: If the date	other than the date listed, the date must be s inserted in this block d ive date on the Depart	pecific and cannot be pri loes not meet the appl	icable statutory filin	(option ore than 90 days after to g requirements, this	iling.) Pursuant to 605.	.0207 (3)(l ed as the
f the record specities a	a delayed effective dat	e, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after	r the
		2021			Z:	20
Dated June			<u> </u>		Unic Sena	2021 JUN 1 1 AM

Page: 4 of 4

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From: Leticia Sosa Fax: 13057742945

To: