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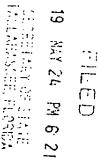
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COVER LETTER .

TO:	Registration Sec Division of Corp			
CETES E	L CAT	DASA SERVICES 19 LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			DENNIS ESCALONA	
			Name of Person	
		Dennis &	cscalona	
			Firm/Company	
			6791 SCOTT ST	
			Address	
			HOLLYWOOD, FL 33024	
			City/State and Zip Code	
			NALISCHAVEZ@GMAIL.COM	
			to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
	DENNIS ES	SCALONA	754 273-3335	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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 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

DASA SERV	ICES 19 LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL18000250931		10/25/2018	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	ere:	
The new name must be distinguishable and contain the word		lesignation "LLC" or the a	bbre-pation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)		22 10
Enter new mailing address, if applicable:			G 0
(Mailing address MAY BE A POST OFFICE BO	<u></u>		21
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		our records, <u>enter</u>	the name of the new
New Registered Office Address:	6102 SW 48th		· · · · · · · · · · · · · · · · · · ·
	Enter Flo	rida street address	
	Davie	. Florida	33314
	City		33314 · 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>	<u>Address</u>	Type of Action
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ite: If the date inserted in this blo	be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed The 90th day after the reco		ve time, at 12:01 a.m. on the earlier of
ted	2019	
\mathcal{T}	Signature of a member or authorized representa	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00