L18000290837

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SECRETARY OF STATE

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COVER LETTER

eud iect.	Massage and	Bodywork by Dorian Diaz, L	LC			
SUBJECT:Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Dorian Diaz				
			Name of Person			
			Firm/Company			
		510 N 56th Ave				
Address						
	Hollywood, Florida 33021					
City/State and Zip Code dori.massagetherapy@gmail.com						
			to be used for future annual rep	oort notification)		
For further in	iformation con	cerning this matter, please ca	all:			
Dorian Diaz		305 300 9441				
	Name of F	Person	Area Code	Daytime Telepho	ne Number	
Enclosed is a	check for the	following amount:				
■ \$ 25.00 F	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on 12/19/2018 and assigne
Florida document number L18000290837	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
D-United Enterprises, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	2020 J
(Principal office address MUST BE A STREET ADDRESS)	
	S
Enter new mailing address, if applicable:	E S
(Mailing address MAY BE A POST OFFICE BOX)	「 名 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	AM 7:13
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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			Remove
			Add T
			FA BRemove
			□Change
		-	
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			
			□Remove
			☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fili	ing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	
union seriective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:0	of a.m. on the earlier of: (b) The 90th day after the
s filed.	
June 3rd 2020	
ed June 3rd , 2020	
Signature of a member or authorized representation	