L19 0000 30666

(Re	questor's Name)	
(***	444410101011111111111111111111111111111	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		;
		}
,		





900355803249

12/04/20--01027--002 **25.00

2020 DEC -1, PM 1: 17

1/14/21 DA

COVER LETTER

TO: Registration Division of C			
SUBJECT:	DiPrem USA	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre-	spondence concerning this matter	to the following:	
		tzabeth Sueru Name of Person	
		Shero Law,	Pue-
	1001 R	Address Address	Suite 2700
	Mio	City/State and Zip Code	3 /
	E-mail address: (to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	all:	
Name	Le la Veggi ne of Person	at (<u>305</u>) <u>Zar</u> Area Code Daytim	967-6565 ne Telephone Number
Enclosed is a check fo	or the following amount:		
\$25.00 Filing Fee	S30.00 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 Add Registratio	n Section	Street Address: Registration Se	
P.O. Box 6	f Corporations 5327	Division of Col The Centre of T	=

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dipren	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document numberL 1900030	ty Company were filed on
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	F 1
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new register</u> :
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 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>	Address	Type of Action
MGR	Alexandro de la Vegt	7850 Byran Avenue #1103	iXAdd
		MiaMi Beach, Florida 331	
			Change
			□Remove
		<u></u>	201 Change
		· · · · · · · · · · · · · · · · · · ·	Change F # E E 2020 DEC - P
	· · · · · · · · · · · · · · · · · · ·	# ☐ Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	-				
			· · · · · · · · · · · · · · · · · · ·	·	
		·			
					
					21
					2020 DEC
		<u> </u>			
				<u> </u>	ь <u>ш</u>
					PH I
				<u> </u>	··
					7
	-				
					
		-			
Tective date, if of	her than the date of filing led, the date must be specific and	onnunt ha prior to data	of filing or more than 90 da	(optional)	ant to 605 0207
ote: If the date ins	erted in this block does not n	neet the applicable st	atutory filing requirement	nts, this date will n	ot be listed as
ocument's effective	date on the Department of S	tate's records.			
ecord specifies a d	elayed effective date, but not	un effective time, at	12:01 a.m. on the earlie	r of (b) The 90th	day after the
is filed.	erayed erroente date, out not	an checking time, w	. 2.0		,
ated M	Wember 30	2020			
V	(-a.	De B.	1222	•	
	Signature of a r	nember or authorized r	eprésentative of a member		
	Gasta	Typed or printed name	e. Z.		