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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN $_{\lesssim}$. D & I GLOBAL, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

| TO: Registration So Division of Cor | | - , | t. | | | |
|--|--|---|--|--|--|--|
| SUBJECT: | D & I GLOBAL, LLC | | ₹ ? | | | |
| 30BJEC1: | Name of Lim | ited Liability Company | 7 | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | DIGNA GON | ZALEZ | | | | |
| | | Name of Person | | | | |
| | D & I GLOBAL, | LLC | | | | |
| | | Firm/Company | | | | |
| | 1729 ELK SPRING | G DR. | | | | |
| | | Address | | | | |
| | BRANDON, FL 33 | 511 | | | | |
| | | City/State and Zip Code | | | | |
| | nathaly.cuartas@taxt E-mail address: (| careinc.com to be used for future annual report note | lication) | | | |
| or further information c | oncerning this matter, please c | · | | | | |
| Nathaly Cuartas | | 954 9034036 at () | | | | |
| Name o | f Person | Area Code Daytime | e Telephone Number | | | |
| Enclosed is a check for th | ne following amount: | | | | | |
| ■ \$25.00 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 Addres Registration S | | <u>Street Address:</u> Registration Sec | ction | | | |
| Division of C | | Division of Con | | | | |

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

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

Fax: 19542460340

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D & I GLO | BAL, LLC | |
|--|---|--------------------------|
| (Name of the Limited L | inbility Company as it now appears on our records.) lorida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabil | lity Company were filed on 03/21/2019 | and assigned |
| Florida document number L19000072951 | . | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u> </u> | |
| | | |
| | | |
| B. If amending the registered agent and/or regis | | |
| agent and/or the new registered office address h | <u>ere</u> : | 023 : |
| | | . . |
| Name of New Registered Agent: | | <u>~</u> ~ |
| | | |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | There I for any special war to | es |
| _ | , Florid: | ı <u>=</u> Ξ΄ ω |
| _ | City | Zip Edde |

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: Nathaly Cuartas Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 5 of 6

02/20/2023 7:05 PM

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 |
|--------------|------------------|--------------------|----------------|
| AMBR | KASANDRA SALDANA | 1729 ELK SPRING DR | ■ ∧dd |
| | | BRANDON, FL, 33511 | □Remove |
| | | - | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | Rennove |
| | | | Change |
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| | | | П <i>С</i> } |

| Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 It is date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as records specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. It is a considered to the second of th | | | | | | | | |
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| Kasandra Saldana Signature of a member or authorized representative of a member | | | , 2023 | · · · · · · · · · · · · · · · · · · · | | | | |
| Signature of a member or authorized representative of a member | ted Feb 20 | | | | | | | |
| | rted Feb 20 | | _Kasana | ra Sai | ldana | | , | |

To. Agent Amnd Florida Fax: (850) 617-6383

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From: Nathaly Cuartas Fax: 19542460340

Filing Fee: \$25.00