

May 4 2020 2:05 PM

Division of Corporations

NOV 04 39

1900004-106

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DENDE LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

2020 MAY -4 PM 4:36

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FALL 2019

2020 MAY -4 AM 8:00

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Electronic Filing Menu Corporate Filing Menu Help

Y. SULKER

MAY 05 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENDE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/19/2019 and assigned Florida document number L19000077066.

This amendment is submitted to amend the following:

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:

10122 Stonehenge Cir., #604

(Principal office address MUST BE A STREET ADDRESS)

Boynton Beach, FL 33437

Enter new mailing address, if applicable:

3362 ROBERT TRENT JONES DR. #408

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FLORIDA - 32835

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

US TAX CONSULTING INC

New Registered Office Address:

5401 S. KIRKMAN RD. STE 135

Enter Florida street address

ORLANDO

City

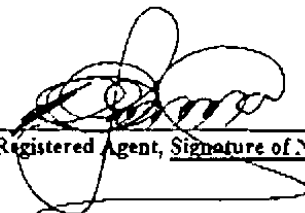
Florida 32835

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



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2020 MAY - 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 4th 2020

Signature of a member or authorized representative of a member

DANIEL DE CASTRO

Typed or printed name of signee

Filing Fee: \$25.00