## 1190000084290

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## **COVER LETTER**

TO:	<ul><li>Registration Se</li><li>Division of Cor</li></ul>			
	DAA Man	agment Group LEC		
SUBJ	ECT:	Name of Lin	nted Liability Company	<u></u>
		Name of Lift	шеся гланиту с опряво	
The er	nelosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Drew Goldberg		
			Name of Person	
			Fran/Company	
		333 Los Olas Way Suite	317	
Address				
		Fort Lauderdale, Florida .		
		Drew@dependablefunds.c	City/State and Zip Code om	TALLAHASSE TO LA
	E-mail address; (to be used for future annual report notification)			
	rther information c c Goldberg	oncerning this matter, please c	305 975-4464	HASSEE.TLU
	Name o	f Person	Area Code Daytime	Telephone Number 2
Enclos	sed is a check for th	he following amount:		
<b>X</b> \$2	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations on 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	n ations
	taHah:	assee, FL 32314	2661 Executive Cer	ner Circle

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

DAA Managment Group LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company  [14900084290]	were filed on 3 20 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
DAA Management Group LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	333 Los Olas Way
Principal office address MUST BE A STREET ADDRESS)	Suite 317
Trincipal office address brost bl. A STREET ADDRESS	Fort Landerdale, Florida 33301
Enter new mailing address, if applicable:	333 Los Olas Way
Mailing address MAY BE A POST OFFICE BOX)	Suite 317
many marks M. IT M. M. TOST OF THE DOM	Fort Lauderdale, Florida 33301
egistered agent and/or the new registered office address here  Name of New Registered Agent:	<u>:</u> :
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	4.1.2019	
Effective date, if other than th	date of filing:	(optional)
	st be specific and cannot be prior to date of filing or more that lock does not meet the applicable statutory filing requ	
document's effective date on the I		or the first time of the first terms of the first t
ne record specifies a delaye The 90th day after the re	d effective date, but not an effective time,	at 12:01 a.m. on the earlier o
The 30th day after the re-	ord is filed.	
April 01	2019	
Dated		
	A MANAGER AND	
	Signature of the analysis of a m	ember
Drew Goldberg		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00