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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	DR IMMO	BILIARE, LLC		
SUBJE	C1:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Piease n	eturn all correspo	ondence concerning this matter	to the following:	
		DAVID R ROSALES DE	LA VEGA	
			Name of Person	
		MMOBILIARE, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. Trespondence concerning this matter to the following: DAVID R ROSALES DE LA VEGA Name of Person DR IMMOBILIARE LLC Firm/Company 88 SW 7 STREET, SUITE 2102 Address MIAMI, FL 33130 City/State and Zip Code drimminfo@gmail.com E-mail address (to be used for future unnual report notification) tion concerning this matter, please call: sq. 305 499-9944 are of Person Area Code Daytime Telephone Number for the following amount: see Cl \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) LAILING ADDRESS: STREET/COURIER ADDRESS:		
			Pirm/Company	
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		MIAMI, FL 33130		
			City/State and Zip Code	
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For funt	her information o		•	iotrication)
Patricia	del Pino, Esq.			ı
	Name o	f Person		time Telephone Number
Enclosed	d is a check for th	ne following amount:		
₯' \$2 5.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Con Clifton Building 2661 Executive Tallahassee, FL	ction porations 3 Center Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DR IMMOBILIARE, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000109366M	were filed on APRIL 23, 2019	and
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbr	eviation '
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e pame
Name of New Registered Agent:		44 < - 11 <
New Registered Office Address:	Enter Florida street address	
	. Florida	⊕:4 ≯
	City	Zip Cocle
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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

It Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each persor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Tyr
MBR	TREROSA INMUEBLES, S.A. de C.V.	Ajusco Picacho 130-601, Colon Jardines de la Montana, Ciudad	
		Mexico CP 14210	
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Filing Fee: \$25.00