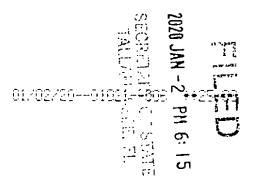
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(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
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COVER LETTER

то:	Registration So Division of Cor					
DIMRAT LLC						
SUBJECT: Name of Limited Liability Company						
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Morella Salazar				
			Name of Person			
	Salazar Dager & Associates PA dba Negocios USA, Law Firm					
			Firm/Company	 		
	701 Brickell Ave Suite 850					
	Address					
		Miami FL 33131				
	City/State and Zip Code					
	lbuscemi@nusalaw.com					
		E-mail address: (to be used for future annual report	notification)		
For fur	nther information c	oncerning this matter, please co	all:			
Morel	la Salazar		305 9019745 at ()			
	Name o	i Person	Area Code Da	ytime Telephone Number		
Enclos	ed is a check for th	ne following amount:				
■ \$ 2	5.00 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIMRAT LLC	ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000125479</u> .	were filed on 05/08/2019 and signed
This amendment is submitted to amend the following:	rd C,
A. If amending name, enter the new name of the limited liab	ility company here:
The 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:	1 E Broward Blvd. Suite 700 Fort Lauderdale, FL 33301
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1 E Broward Blvd, Suite 700 Fort Lauderdale, Ft. 33301
(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	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	2
	Florida City Zin 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Richard Robert FEARING JR	Lauderdale, FL 33301	
			□ Remove
			Change
			S D2 34
			一名的一条 ""
			C A C Change
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			r⊓ □ Remove
			Change
			☐ Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

Page 3 of 3

Filing Fee: \$25.00