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## **COVER LETTER**

Registration Section

TO:

Division of	f Corporations		
	RO SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing	
riease return an cor	respondence concerning this matter	to the following:	
	JUAN CARLOS SANCHI	EZ	
	JCS PRO SERVICES LLO	Name of Person	
		Firm/Company	
	16148 SW 27TH STREET	· 	D \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  IER ADDRESS: on orations
	MIRAMAR, FL 33027 UN	Address	
	dpmarketusa@gmail.com	City/State and Zip Code	
For further informat	e-mail address: ( tion concerning this matter, please c	to be used for future annual report no all:	(ification)
JUAN CARLOS S:	ANCHEZ	954 980-9452	
N	ame of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check	for the following amount:		
Paid w/c H 8-9/4 PNC BM		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Ro D P.	IAILING ADDRESS: egistration Section ivision of Corporations .O. Box 6327 allahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on <u>07/01/2019</u>	and a
Florida document number L19000170855		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DP MARKET USA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "
Enter new principal offices address, if applicable:	16148 SW 27TH ST	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33027	c
		, Pic
Enter new mailing address, if applicable:		TALL STATE OF
(Mailing address MAY BE A POST OFFICE BOX)		2 2
		· · · · · · · · · · · · · · · · · · ·
		32
B. If amending the registered agent and/or registered of		
registered agent and/or the new registered office address her-	<u>e</u> :	
Name of Many Danietarod Agants		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	East on Elevision stars	t of the con-
	Enter Florida street address	
	Circ	, Florida Zip Cod
	•	zφ coa
New Registered Agent's Signature, if changing Registered Agent:		
New Registered Agent's Signature, if changing Registered Agent:	•	·
I hereby accept the appointment as registered agent and agr	• •	• •
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office		
company has been notified in writing of this change.	-	
If Char	iging Registered Agent, <u>Sig</u>	nature of New Registered Ap

Page 1 of 3

MGR = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	<u> Fype</u>
MGR	VICTOR MANUEL DE LAS CASAS	16148 SW 27TH ST. MIRAMAR. FL 33027	₽ A
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The 90th day after the record	l is filed.			
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Sig	nuture of a member of au	thorized representative of	of a member	
## N. C. N. O. C. N. C. I.	J			
JUAN CARLOS SANCHE				
	Typed or pri	nted name of signee		<u> </u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00