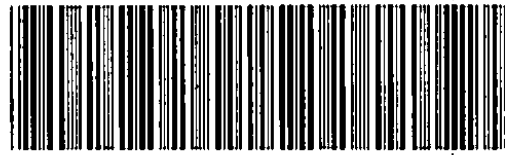


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DADE COMPUTER SYSTEMS LIMITED LIABILITY COMPA  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEGAN MARTINEZ  
Name of Person

DADE COMPUTER SYSTEMS LIMITED LIABILITY  
Firm/Company

980 NE 169 ST APT 106  
Address

NORTH MIAMI BEACH FL 33141  
City/State and Zip Code

MMARTINEZ@MATER BEACH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEGAN MARTINEZ at (786) 390-0123  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

**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

DADE COMPUTER SYSTEMS LIMITED LIABILITY  
(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 7/30/2019 and:  
Florida document number L19000194473.

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

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 office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jazmyn Miranda

New Registered Office Address:

980 NE 169 St Suite 106

Enter Florida street address

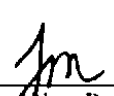
North Miami Beach, Florida 33167

City

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

If amending Authorized Person(s) authorized to manage, add  
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MGR</u>	<u>MEGAN MARTINEZ</u>	<u>1023 79th ST APT 3</u>	<input checked="" type="checkbox"/> A
		<u>MIAMI BEACH, FL, 33141</u>	<input type="checkbox"/> R
			<input type="checkbox"/> C
<u>MGR</u>	<u>JAZMYN MIRANDA</u>		<input type="checkbox"/> A
			<input checked="" type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Rc
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Rc
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Ret
			<input type="checkbox"/> Ch

D. If amending any other information, enter change(s)

CURRENT REGISTERED AGENT HAS BEEN SWITCHED TO MANAGER, MEGAN MARTINEZ & MANAGER HAS BEEN REMOVED & MADE REGISTERED AGENT, JAZMYN MIRANDA.

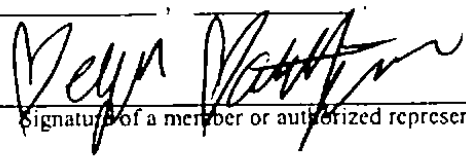
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ea (b) The 90th day after the record is filed.

Dated 9/20/19



Signature of a member or authorized representative of a member

MEGAN MARTINEZ

Typed or printed name of signee