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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |               |  |  |  |
|--|--|---------------|--|--|--|
|  | STMENTS STRATERGIES LLC  |               |  |  |  |
| SUBJECT:                                 | Name of Limited Liability Company  | _             |  |  |  |
| The enclosed Articles of A               | Amendment and fee(s) are submitted for filing.   |               |  |  |  |
| Please return all correspor              | ndence concerning this matter to the following:  |               |  |  |  |
|  | DANIEL FERNADES  |               |  |  |  |
|  | Name of Person   |               |  |  |  |
|  | DLA INVESTMENTS STRATERGIES LLC  |               |  |  |  |
|  | Firm/Company   |               |  |  |  |
|  | 1331 SW 124 CT #A  |               |  |  |  |
|  |  |               |  |  |  |
|  |  |               |  |  |  |
|  | City/State and Zip Code abell Imary16@hotmail.com  |               |  |  |  |
|  | E-mail address: (to be used for future annual report notification)                               |               |  |  |  |
| For further information co               | oncerning this matter, please call:  |               |  |  |  |
| ROSA CALZADILLA                          | 305 5882895<br>at ( )  | SECTET AUG    |  |  |  |
| Name of                                  |  | umber AUG -3  |  |  |  |
| Enclosed is a check for the              | e following amount:  |               |  |  |  |
| .3 \$25.00 Filing Fee                    | Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy | 00 Filing Fee |  |  |  |

TO:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| - DLA INVESTMENTS STRATER   |  |   |                              |
|---|--|---|------------------------------|
| (Name of the Lim  | ited Liability Compa<br>(A Florida Limited l | ny as it now appears on our records.)<br>Liability Company) |                              |
| The Articles of Organization for this Limited I florida document number $\frac{L19000199542}{L19000199542}$ | Liability Company                            | were filed on <u>08/05/2019</u>                             | and assigned                 |
| This amendment is submitted to amend the fol  | lowing:                                      |   |                              |
| A. If amending name, enter the new name   | of the limited liab                          | ility company here:   |                              |
| DLA INVESTMENTS STRATEGIES LLC  |  |   |                              |
| The new name must be distinguishable and contain the  | words "Limited Liabi                         | lity Company," the designation "LLC" of                     | or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli   | icable:                                      | 679 NW 124 COURT  |                              |
| (Principal office address MUST BE A STREET ADDRESS)   |  | MIAMI FL 33182  |                              |
|   |  |   |                              |
| Inter new mailing address, if applicable:   |  | 679 NW 124 COURT  |                              |
| Mailing address MAY BE A POST OFFICE BOX)   |  | MIAMI FL 33182  |                              |
|   |  |   |                              |
| 3. If amending the registered agent and/or agent and/or the new registered office addr                      | registered office a                          | address on our records, <u>enter th</u>                     | ne name of the new registe   |
| Name of New Registered Agent:   | DANIEL FERM                                  | NANDES  | 255 P                        |
| New Registered Office Address:  | 679 NW 124 C                                 |   | <u>်</u> က 🔾                 |
|   |  | Enter Florida street address                                | িল <b>জ</b><br>জ <b>3</b>    |
|   | MIAMI  | , Flor  |                              |
|   |  | 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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>          | Address                         | Type of Action   |
|-------|----------------------|---------------------------------|--|
| MGR   | DESIRE R VIVAS       | 1331 SW124TH CT MIAMI FL 33184  |  |
|       |                      |                                 | <b>■</b> Remove  |
|       |                      |                                 | Change   |
| AMGR  | DANIEL FERNANDES JR. | 1331 SW 124TH CT MIAMI FL 33184 | □ Add  |
|       |                      |                                 | Remove   |
|       |                      |                                 |  |
| MGR   | DANIEL FERNANDES     | 679 NW 124TH CT MIAMI FL 33182  |  |
|       |                      |                                 | Remove  SECIAL NAME -3 Add D  Remove  SECIAL NAME -3 Add D  Remove |
|       |                      |                                 | Change   |
|       |                      |                                 |  |
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|       |                      |                                 | Change   |
|       |                      | <del></del>                     | □Add   |
|       |                      |                                 | □Remove  |
|       |                      |                                 | □Change  |

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| factive data if other than t  | he date of filing:       |                  |                  |                                       | (option        | al)   |               |
| fective date, if other than the effective date is listed, the date is listed. | nust be specific and car | anot be prior to | o date of filing | or more than 90                       | days after fil | ing.) Pursu                                 | ant to 605.03 |
| ote: If the date inserted in this becoment's effective date on the            | Department of State      | e's records.     | ole statutory    | ning requirer                         | nems, mis u    | ate wiii ii                                 | ot be fisteu  |
|   |                          |                  |                  |                                       |                |   |               |
| ecord specifies a delayed effective is filed.                                 | tive date, but not an    | effective tin    | ne, at 12:01 a   | a.m. on the ear                       | lier of: (b)   | The 90th                                    | day after th  |
| is filed.   |                          |                  |                  |                                       |                |   |               |
| July 27<br>ated   | 2                        | 2020             |                  |                                       |                |   |               |
|   | · _                      |                  | _ ·              |                                       |                |   |               |
|   | 15011                    |                  |                  |                                       |                |   |               |
|   | Signature of a men       |                  |                  |                                       |                |   |               |