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COVER LETTER

TO: Registration Se Division of Co	ection rporations -		•		
	Darios	Holdings, LLC -			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	James Darios				
		Name of Person			
	Darios Holdings, LLC		report notification) 02-0750 Daytime Telephone Number & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		Firm/Company			
	667 NW 101 ST				
		Address			
	Address Miami, FL 33150 City/State and Zip Code jamesdarios@gmail.com				
	jamesdarios@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report no	tification)		
For further information of	oncerning this matter, please c	all:			
James Darios		561 702-0750			
	£ 10	at ()			
Name o	f Person	Area Code Daytii	•		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	antion.		
Registration 9 Division of C		-			
P.O. Box 632					
Tallahassee, l	FL 32314				

Tallahassee, FL 32303

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

Darios Holdings, LLC (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 October 16, 2019 ____ and assigned Florida document number _____1.19000260532 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 "LLC." 667 NW 101 St Enter new principal offices address, if applicable: Miami, FL 33150 (Principal office address MUST BE A STREET ADDRESS) 667 NW 101 ST Enter new mailing address, if applicable: Miami, FL 33150 (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 new registered? agent and/or the new registered office address here: Name of New Registered Agent: 667 NW 101 ST New Registered Office Address: Enter Florida street address Florida 33150
Zip Code Miami

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.

City

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		

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Ādd
			Remove
			☐ Change
			□Add
			□Remove
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			□Change
		□Add	
			□Remove

ective date, if other than the date of filing:	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 if filed.	
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Signature of a member or authorized representative of a member	