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I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DIT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Ma	Name of Person	
	DIMM IT	VESTIFETTS LL	<u>C</u>
	5189 HW 8	35 A V Address	
	MIAMIF	L 33166	
	diono. Mogo	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	I.Com
For further information c	oncerning this matter, please ca	all:	
DICNOTA Name o	egollo (Person	at (305) 847 Area Code Dayting	te Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 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 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

Name of the Limited Liability (A Florida L	STPAETTS (Company as it now appears of	n our records.)	
(A Florida) The Articles of Organization for this Limited Liability Co			
Florida document number <u>L200000159</u>	18	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:	:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	.SS)	. 2	
		. 20	
Enter new mailing address, if applicable:		"	
(Mailing address MAY BE A POST OFFICE BOX)			
		-1	
		9	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
			
	Cuy	Zıp 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 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
MGR	DIATH MURCIA	5189 MW 85 AVMIAM FILE	33)66 _X (Add
			□Remove
			[]Change
			□Add
			□Remove
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			🗆 Add
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			☐Change
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			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of: (b) The 90th day after the record is filed. Dated 06 129 Signature of a member or authorized representative of a member

Typed or printed name of signee