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Amend

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
DAR-777 I SUBJECT:	LLC		
SUBJECT;	Name of Lin	nited 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:	
	Daniel Ruiz		
		Name of Person	
	DAR-777 LLC		
		Firm/Company	
	12001 NW 20th Street		
		Address	
	Pembroke Pines, Florida 3	3026	
		City/State and Zip Code	
	darure23@gmail.com		
	E-maif address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
Daniel Ruiz		954 534-516	3
Name o	f Person	at () Area Code Day	stime Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address Registration Division of G	
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAR-777 EEC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000028130</u> .	ny were filed on 01/29/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		020
Enter new mailing address, if applicable:		5 7
Mailing address MAY BE A POST OFFICE BOX)		- III
	-	
		<u>5, 5, 3</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new register.
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street addre:	SN
	FI	orida

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>	<u>Name</u>	Address	Type of Action
AMBR	Eric Munoz	120001 NW 20th St	
		Pembroke Pines, FL 33026	□Remove
		-	Remove
			TAdd
			□Remove
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Note:	ive date, if other than the date is listed, the date in If the date inserted in this ent's effective date on the	block does not i	neet the applical	date of filing or mo ble statutory filing	(opt re than 90 days afte requirements, th	i onal) ir filing.) Pursuant to 60 is date will not be lis	5,0207 (3 ted as th
		tive date, but not	t an effective tin	ne. at 12:01 a.m. o.	n the earlier of; (b) The 90th day aft	er the
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ord is fil	led.	Signature of a		_ ·	of a member		

Filing Fee: \$25.00