## LZO 0000 39133

| (Re                     | equestor's Name)   |             |
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| (Bu                     | siness Entity Nar  | ne)         |
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|                         |                    |             |
| (Do                     | cument Number)     |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER

| TO: Registration Sc<br>Division of Cor |   |   |   |
|--|---|---|---|
| SUBJECT: <u>To</u>                     |   |   | <del></del>                               |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.   |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |   |
|  | Claudia Con                                     | Name of Person  | <del></del>                               |
|  |   | Firm/Company  |   |
|  | 4960 NW   | 175th ST Address  | <del></del>                               |
|  | Miami (   | City/State and Zip Code   | 5   |
|  | Claudia Car<br>E-mail address: (                | Firm/Company  Address  Address  Cubrtage FL 33055  City/State and Zip Code  Cubrtage M. Com  I address: (to be used for future annual report notification)  To please call:   |   |
| For further information co             | oncerning this matter, please ca                | all:  |   |
| Claudia Cabi                           |   | Address  Miami Caratra FL 33055  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  this matter, please call:  Cubrera at (305) 215-5792  Area Code Daytime Telephone Number  g amount:  00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. |   |
| Enclosed is a check for th             | e following amount:                             |   |   |
| \$25,00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy  | Certificate of Status &<br>Certified Copy |

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  | DIQMONO  I Liability Company  A Florida Limited Lia | as it now appears on bility Company) | our records.)             | <u> </u>              |
|--|---|--------------------------------------|---------------------------|-----------------------|
|  |   |                                      |                           |                       |
| The Articles of Organization for this Limited Lia  |   | ere filed on <u>O Z</u>              | 10 31 2020                | and assigned          |
| Florida document number <u>L 2000003913</u>  | <u> </u>  |                                      |                           |                       |
| This amendment is submitted to amend the follow  | ving:   |                                      |                           |                       |
| A. If amending name, enter the new name of t   | the limited liabili                                 | ty company here:                     |                           |                       |
| v[a.   |   |                                      |                           |                       |
| The new name must be distinguishable and contain the wor   | rds "Limited Liability                              | Company," the designation            | ation "LLC" or the abbr   | eviation "L.L.C."     |
| Enter new principal offices address, if applical   | ble:  | NIA                                  |                           | ~                     |
| (Principal office address MUST BE A STREET   | ADDRESS)  |                                      | TALEB<br>SECOND           |                       |
|  |   |                                      | <u> </u>                  | 8 -                   |
|  |   |                                      |                           | - B   TI              |
| Enter new mailing address, if applicable:  |   | NIA                                  | ett (                     |                       |
| (Mailing address MAY BE A POST OFFICE B  | ox)   |                                      |                           | <u> </u>              |
|  |   |                                      |                           | ယ<br>တ                |
| B. If amending the registered agent and/or regagent and/or the new registered office address   |   | dress on our recor                   | ds, <u>enter the name</u> | of the new registered |
|  |   |                                      |                           |                       |
| Name of New Registered Agent:  | Claudia   | Cabraca                              | Cabrara                   |                       |
| New Registered Office Address:   |   |                                      |                           |                       |
| - · · · · · · · · · · · · · · · · · · ·  |   | Enter Florida st                     | reet address              | <del>.</del>          |
|  |   |                                      | Florida                   |                       |
|  |   | City                                 |                           | Zip Code              |
| AT TO THE BALL OF A STATE OF THE BALL OF T |   |                                      |                           |                       |

## 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

| <u>Title</u> | <u>Name</u>     | Address | Type of Action |
|--------------|-----------------|---------|----------------|
| MGR          | Claudia Cabrera |         | □Add           |
|              | Cabrera         |         | □Remove        |
|              |                 |         | 🗹 Change       |
|              |                 |         | □ ∧dd          |
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| I                                  | am                           | just                            | aggi  | nd,                     | M            | 8FCC                        | nug.                      | los                   | + N                                      | int.          |                                       |
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|                                    |                              |                                 |   |                         |              |                             |                           |                       |  |               | <del></del>                           |
| If an effective of<br>Note: If the | date is listed<br>date inser | d, the date mu<br>ted in this b | e date of fili<br>ist be specific a<br>lock does not<br>Department of | nd cannot b<br>meet the | applicable   | date of filir<br>e statutor | ng or more<br>y filing ro | than 90 d<br>equireme | _ <b>(optio</b><br>ays after tents, this | iling.) Pursi | iant to 605.0207<br>of be listed as ( |
| e record spec<br>rd is filed.      | ifies a dela                 | ayed effectiv                   | ve date, but n  | ot an effec             | ctive time   | , at 12:01                  | a.m. on t                 | he earlie             | er of: (b)                               | The 90th      | day after the                         |
| Dated <u>FÉ</u>                    | <u>orua</u> ,                | ry 13                           |   | ., 20                   | 20           |                             |                           |                       |  |               |                                       |
| _                                  | <del></del> -                |                                 | Signature of  | Men                     | 4            |                             | , <u> </u>                |                       |  |               | <del></del>                           |
|                                    |                              |                                 |   |                         | reguilla     | ne common -                 | ntativa 🤝 .               | - د خامسترونون        |  |               |                                       |

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