L0000 42156

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DAL	VA OLIVEIR Name of Limit	F LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DALVA	OLIVEIRA Name of Person	
	DALVA	OLIVEIRA LL Firm/Company	<u>.</u>
	6420 BOCA	DEL MARZ Dr.	APT 607
	BOCA RAT	ON, FL 334 City/State and Zip Code	33
	dolutiSAE E-mail address: (1	Smail.com o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
DALVA OL Name of		at (561) 35 Area Code Daytim	1 - 0256 e Telephone Number
Enclosed is a check for th	e 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 (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

DALVA REALTY IL	C 2073.24	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 05 20	20 and assigned
Florida document number <u>L 00000 42156</u> .	- 0 /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
DALVA OLIVEIRA LLC		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	6420 BOCA DEL A	MAR Dr #607
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON	FL 33433
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a	dduoss on our resouds, outouths	
agent and/or the new registered office address here:	duress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	····
	, Florida	
	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

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

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eft Note:	ive date, if other than the date of filing:
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Dated	February 21st 202,0
	February 21st 202,0 Lalva Olic Signature of a member or authorized representative of a member
	Typed or printed name of signee