L200000 51833

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Red</u>	Source Name of Lim	MeSHMe//	+ LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ISPAC/	Mov Vo Sof	7
	Real Soul	CE NOSHA Firm/Company	Dent LLC
	10228 54	1 23 ct Address	
	Mirang dalid nory	City State and Zip Code See Anot Mail o be used 10f future annual report notif	25 (0)1
For further information co	ongerning this matter, please co	dl:	
ISPac	Mor Yosef	at (<u>954) 347-</u> Area Code Daytime	Toly 8 Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Dod Source Mestment L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

y were filed on $2/$	1141200 and assigned	
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bility company here:	:	
itity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
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address on our reco	rus, enter the name of the new regi	<u> </u>
Enter Florida	street address	
Z San	Florida	
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<u>:</u>		
	address on our reco	address on our records, enter the name of the new regis

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name /	Address	Type of Action
MGR	Israel Moryoset	Address 10228 GW 23 Ct Milramurf 3	1 W.Kdd 3025
			□Remove
			□Change
			🗆 Add
			□Remove
			IChange
			CiAdd
			□Remove
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Note:	tive date, if other than the date of filing: 2/18/2020 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	1 2/18 2020
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00