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COVER LETTER

TO: Registration So Division of Cor				
> DI. BO. W			•	
SUBJECT:	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:		
	Mario Bozza, Esq.			
		Name of Person		
	Law Offices of Mario Box	zza		
		Firm/Company		
	1000 E. Island Blvd. # 220	06		
		Address		
	Aventura FL 33160			
		City/State and Zip Code		
	bozzalaw@comcast.net	to be used for future annual i	The last of the last last last last last last last last	
For further information of	toncerning this matter, please c		Cp 11 Hountainon	
Mario Bozza			3 8022	
Name (of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica osed) Certified	te of Status &
Mailing Addre		Street Ac	Idress: ition Section	
Registration Division of C		Division	n of Corporations	
P.O. Boy 63		The Cer	itre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DI. BO. WELL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2.26.2020}{1.000}$ Florida document number <u>L20000064442</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	Bruno CASADEI	c/o Bozza - 1680 Michigan Avenue - Suite 2206	
		Miami Beach - FL 33139	🗀 Remove
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<u>Note:</u> If the	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ed a
locument's e	ffective date on the Department of State's records.	
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	r the
d is filed.		
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Dated <u>March</u>		
	Λ 1	
	Day Consta	
_	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00