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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736

Fax Number

: (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

| Fm a | i | 1 | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAZLEH MANAGEMENT, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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APR 0 2 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DAZLEH MANAGEM | • | | | |
|--|---|--------------------------|------------------------|--------------|
| (Name of the Limited Liability Compa (A Florida Limited) | eny as it now appea Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | 03/23/2020 | and assig | ned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | pility company h | ere: | 2020 AP? | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the c | designation "LLC" or | | C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | P 2 | - <u>-</u> - |
| | | | 77 <u>50</u> <u>50</u> | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | | |
| 3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | uddress on our r | ecords, <u>enter the</u> | name of the new 1 | registe |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | E | rida street address | | v |
| | Enter Floi | riau street naaress | | |
| | | | aZip 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 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 | ANDRES E. HERNANDEZ | 5740 N.W. 101 CT | |
| | | DORAL, FL. 33178 | □ Remove |
| | | | ☐ Change |
| MGR | GABRIEL C. HERNANDEZ | 5740 N.W. 101 CT | ■Add |
| | | DORAL, FL. 33178 | ZIZ Tremove |
| | | | dChange |
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| the record spe ord is filed. | cifies a delayed e | Nective date, bu | ut not an effecti | ive time, at 12:(|)1 a.m. on the c | arlier of: (b) | The 90t | h day after the |
| Dated | 03/23/2020 | | | _ | | | | |
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