L20000 108661

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(Address)			
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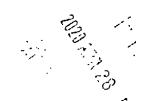
Registration Section

TO:

Division of Cor	porations		
DILLLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ion Spac		
	Name of Person		
		Firm/Company	
	801 Foster rd		
		Address	
	Hallandale		
		City/State and Zip Code	
	dianam,realty@gmail.cm E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Ion Spac		786 5712630	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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:	votion
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DILLLLC (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 $\frac{04/221/2020}{}$ and assigned Florida document number $\underline{L2000}0108661$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 801 Foster rd Enter new principal offices address, if applicable: Hallandale (Principal office address MUST BE A STREET ADDRESS) FI. 33009 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 registor agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Isaac Tordjman	801 Foster rd,Hallandale, Fl, 33009	■Add
			□Remove
			□Change
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			□Change

		
		
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requires	(optional)) days after filing.) Pursuant to 605.0207 ements, this date will not be listed as t
he record specifies a delayed effectivord is filed.	e date, but not an effective time, at 12:01 a.m. on the ear	dier of: (b) The 90th day after the
Dated April 24th	2020	
Dated	- 2020 m.D.C.	
Dated April 24th	Signature of a member or authorized representative of a memb	her
Dated April 24th HON SPAC	Signature of a member or authorized representative of a member	her

Filing Fee: \$25.00