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COVER LETTER

Division of Corporations D'alysis Management LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Clara L. Duran Garcia Name of Person D'alysis Management LLC Firm/Company 3201 sW 73RD Avenue Road Address Miami Fl. 33155 City/State and Zip Code dalysismanagement6312@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clara L. Duran Garcia Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

D'alysis Management 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 $\frac{04/21/2020}{1}$ and assigned Florida document number <u>L20000109114</u> 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." 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

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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daly Rodriguez Duran	2780 SW 88 AVENUE MIAMI, FL 33165	□Add
			□Remove
			🗏 Change
AMBR Clara L. Duran Garcia	Clara L. Duran Garcia	3201 Sw 73rd ave rd Miami Fl 33155	□ Add
			□Remove
			= Change
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ecord specifies a delayed effectivis filed.	e date, but not an effecti	ve time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
06/12/2020 ited	10:33 a	<u>.</u> .		
	Signature of a prembor or	, 		
	Signature offa member or			
	Signature on a member of	authorized representa	itive of a member	