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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: DMezalle Name of Limited Liability Company	
The er	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Doaldo Meza	
	Doaldo Meza Name of Person DMeza LLC Firm/Company	
	3225 NW 1020d TER	
	Coral Springs, Fl 33005 Laumeza 318 a gmail-com E-mail address: (to be used for future amoual report notification)	
For fu	ther information concerning this matter, please call:	
	Dogldo Meza at (934) 490 - 5328 Name of Person Area Code Daytime Telephone Number	
_	(additional copy is enclosed) Certified C	of Status &

Mailing Address:
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

1 - Fil 5: 27 (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 _ Florida document number <u>L20000132176</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 "L.L.C." 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 Florida

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
<u>AMB2</u>	Docaldo Meza	3225 NW 102nd TER	XAdd
		Coval Springs F1 330205	□Remove
			□Change
MGR	Laura Meza	3225 NW 102ndTER	
		Obral Springs, FI 3300	S □Remove
			□Change
			□Add
			□Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ive date, if other than the date of filing:
recor	d 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
ated	June 2. , 2020.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00