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	gistration Se vision of Cor				
CUDIFCT.		VISH LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company	20	
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			Address	3 7	,
		HOUSTON, TX 77064		12 PM	٦
		EFW FLAMA O BIOPH F CO	City/State and Zip Code	E 2 :	_
		E-mail address:	to be used for future annual report	notification)	
For further i	nformation c	oncerning this matter, please c	•	,	
LOVETTE	DOBSON		888 462-345	3	
	Name o	f Person	Area Code Da	ytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
≡ \$25.00 ì	Filing Fee	☐ \$30.00 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)	
	iling Addres gistration S		<u>Street Addres</u> Registration		
Division of Corporations			Division of	Corporations	
). Box 632 Ilahassee, F			of Tallahassee nroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUSH&LAV	ISH LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 06/16/2020	and assigned
·		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
DISHRAK LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	
Enter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRESS)		
		72
		PA III
Enter new mailing address, if applicable:		Lips Si
Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, ente	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, "	Florida
	City	Zip Coae

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 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
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Tective date, if other than the date of filing:	a date of filing or mo	e than 90 days aff	tional)	Pursua	nt to 605 0
te: If the date inserted in this block does not meet the applicat	ble statutory filing	requirements, t	his date	will not	be listed
cument's effective date on the Department of State's records.					
ecord specifies a delayed effective date, but not an effective tim	ne at 12:01 a.m. o	n the earlier of:	(b) Th	e 90th c	lav after t
is filed.	,		(-)		Í
2021					
ted, 2021					
Signature of a member or author					

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