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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: De Cimal By Dali LLC Name of Limited Liability Company
Name of Chinned Clabinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daliana Santos Name of Person
Decimal By Dal, LLC Firm/Company
14245 SW 57+4 LN #8
City/State and Zip Code dali ana 8 & Yahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daliana Santos at (786) 925 -8429 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Pagistration Section Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Or

Decimal	BY I		<u>(6</u> : 37
(Name of the Limited I	iability Company as it no lorida Limited Liability Co	w appears on our records. ompany)	.)
The Articles of Organization for this Limited Liabi Florida document number <u>L2000017</u>	lity Company were file <u>F 05</u> 5	d on <u>10 24 / 2</u>	_020_ and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the		 	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		-	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address o	n our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		Inter Florida street address	
_	City	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Regis	•		Zip Code
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	gent and agree to act i nd complete performa ed agent as provided j stered office address,	ince of my duties, and for in Chapter 605, F.	I I am familiar with and S. Or, if this document is
	If Changing Regis	tered 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 2:29 AU 2-17 PU 6: 37	Type of Action
MGR	Dayi ana Santos	14245 SW 57+h LN #8	_ 9 Add
		Hicmi, FL 33183	_ □Remove
			_ DChange
KMBR	Daliana Santos	14245 SW 57th LN	_ ij lAdd
		#8, Miami FL 33183	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
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(If an effe Note:	ve date, if other than the date of filing:
he record ord is file	I 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 ed.
Dated _	Signature of a member or authorized representative of a member
	Miana Cantas
	Typed or printed name of signee