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12/18/20 EA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DALOM Cathrang and Do Cor LLC 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:
Haryfnne His Wer Name of Person
Firm/Company
8804 NW 3844 DRIVE UNIT 4
Corol Springs H 33065 City/State and Zip Code
Hydrian (to be used for future annual report notification)
For further information concerning this matter, please call:
Hary Anni Holler at 954, 380-0849  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  A \$25.00 Filing Fee   Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

(A Florida Limited L	ability Company)	/	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000031253</u> 0	were filed on	0/02/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	20
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Enter new mailing address, if applicable:			<u>. 6 E</u>
(Mailing address MAY BE A POST OFFICE BOX)			
D. Maria and M. Ma			ივ
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name</u>	of the new regis
Name of New Registered Agent:			
Naw Pagistared Office Address	-		
New Registered Office Address:	Enter Florida	street address	
		Florida	
<del></del>	City	, 1 101102	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my covided for in Cha	v duties, and I am fan apter 605, F.S. Or, if	niliar with and this document

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
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	V	SEO4 DW 3844 DRIVE Coral Springs F13300	Remove
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C Cffoot	ing data if atherists.	l				
(If an efl <u>Note:</u>	tive date, if other that fective date is listed, the da If the date inserted in the nent's effective date on	te must be specific and his block does not m	cannot be prior to dat cet the applicable s	of filing or more the tatutory filing requ	(optional) in 90 days after filing.) irements, this date	Pursuant to 605.020' will not be listed as
I the recorecord is fi	rd specifies a delayed ef led.	fective date, but not;	an effective time, a	t 12:01 a.m. on the	earlier of: (b) The	: 90th day after the
Dated	11-12-3	20.				
	N/					

Filing Fee: \$25.00