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Division of Corporations

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From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238

Phone

Fax Number

: (305)591-9448 : (954)753-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please..

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISICRET, LLC.		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on ted Liability Company)	our records,)
The Articles of Organization for this Limited Liability Comparing document number L20000318930	any were filed on $\frac{10/08/2}{}$	020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		C1 0-3
		2020
Enter new malling address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
		, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered offic	ce address on our recor	ds, enter the name of the new registe
agent and/or the new registered office address here:		전품 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code

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.

P. 003/004

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>	Name	Address	Type of Action
MGR	VALERIA KARINA GALVAN	2685 FLAMANGO CT S	
		WEST PALM BEACH FL 33406	□Remove
			Change
			☐Add
		□Remove	
		□Change	
			□Add
		□Remove	
		Change	
	, 	□Add	
		П̂кеточе	
			Change
 			□Add
		Remove	
			□ Change
			□Add
			□Remove
			Change

	
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ective (late, if other than the date of filing:
te: If th	late, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
cord spe	soifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed	$\frac{10/21}{10}$