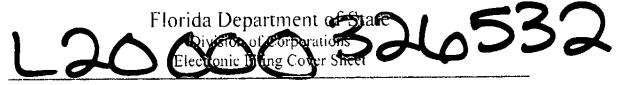
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 : (786)713-1940 Fax Number

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DARIO ALEJANDRO FERRIN, LLC

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From: TAXLEAF, COM CONTADORMIAMI. COM

## ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

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DARIO ALEJANDRO	FERRIN, LLC			
(Name of the Limited Liability, Company (A Florida Limited Lia	as it now agnears on hility Company)	our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	10/22/2020	and assigned	
Florida document numberL20000326532				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
DAF180 LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	oution "L1 C" or the ab	breviation "L.I. C"	<del></del>
Enter new principal offices address, if applicable:	······································			<del></del>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
H. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	dress on our reco	rds, <u>enter the nam</u>	ne of the new region of the ne	stered
Name of New Registered Agent:	Parameter and Additional on Security way of Additional		Δ <u>Λ</u>	APP FI
New Registered Office Address:				FES.
	Enter Florida	suve inkliess , Florida	AH IO	) D
Aller C. And San Co. C. C. C.	Cny		ZinCaden	<del></del>
			. , 9	

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 m 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

## H220000245803

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

To: -18506176383

Title	<u>Name</u>	Address	Type of Action
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