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Certified Copies	_ Certificates of	Status
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## **COVER LETTER**

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	DO FINE, LLC (FL)		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Monique Martino		
		Name of Person	<del></del>
	Name of Person		
	<del></del>	Firm/Company	
	2601 S Bayshore Drive - 1	8th Floor	
		Address	<del> </del>
	Coconut Grove, FL 33133		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Monique Martino			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address			ection
		<del>-</del>	
P.O. Box 632	.7	The Centre of	Fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [ ] [ ] [ ] OF

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(Name of the Limited Liability Company as it now appears on our records.) F 3 IATE (A Florida Limited Liability Company) | [A L A RASSEE, [1]]

The Articles of Organization for this Limited Lia Florida document number [120000337701]		ere filed on March 30, 2021	and assigned			
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabilit	y company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:					
(Principal office address MUST BE A STREE	T ADDRESS)	. <u>.</u> .				
	-					
Enter new mailing address, if applicable:	-					
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>					
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	<u>s here</u> :	dress on our records, <u>enter</u> RODRIGUEZ & ALVAREZ,				
New Registered Office Address:	2601 SOUTH BAYSHORE DRIVE, 18TH FLOOR					
New Registered Office Address.	<del></del>	Enter Florida street addres	is .			
	Coconut Grove	, FI	orida <u>33133</u>			
		City	Zip Code			
New Registered Agent's Signature, if changing I	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>	Name	Address	Type of Action
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		<u></u>	□Remove
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ective	date, if other than the date of filing: re date is listed, the date must be specific and can			(optional)	
effectiv e: If t	re date is listed, the date must be specific and can the date inserted in this block does not meet	not be prior to date of fi the applicable statut	iling or more than 90 day orv-filing requiremen	ys after filing.) Pursuant to ts, this date will not be	605.020 listed as
	s effective date on the Department of State				
cord sp s filed.	ecifies a delayed effective date, but not an e	ffective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day	after the
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			sentative of a member		_

Filing Fee: \$25.00