LZI 000060950

| (Re | equestor's Name) | |
|-------------------------|---|-----------|
| | | |
| (Ad | ldress) | |
| | | |
| | Idress) | |
| (Au | iuless) | |
| | | |
| (Cit | ty/State/Zip/Phone | #) |
| _ | _ | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | ne) |
| (- · | - · · · · · · · · · · · · · · · · · · · | , |
| (19) | | |
| (DC | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer | |
| Special instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300361779773

03/18/21--01010--002 **25.00

2021 MAR 18 P 1:57

COVER LETTER

TO: Registration Section **Division of Corporations**

| DARUICE SUBJECT: | FLEC | * | |
|---------------------------|--|---|--|
| 30BJECT | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Victor De La Llave | | |
| | | Name of Person | |
| | DARUICH LLC | | |
| | | Firm/Company | |
| | 1732 S Congress Ave Ste . | 307 | |
| | | Address | |
| | Palm Springs, Fl 33461 | | |
| | victorgma@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notification | 1100 2021 |
| For further information | concerning this matter, please c | all: | 2021 MAR |
| Victor Gomez | | 561 827-77-00 at () | 00 |
| Name (| of Person | Area Code Daytime Tele | ephone Number 0 |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & 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

| DARUICH LLC | | | | |
|---|---|---|---------------------------------------|---------------------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | iny as it now appears Liability Company) | on our records.) | |
| he Articles of Organization for this Limited 1 | Liability Company | were filed on $\frac{02/0}{}$ | 3/2021 | and assigned |
| lorida document number 1.21000060950 | <u> </u> | | | |
| his amendment is submitted to amend the fol | llowing: | | | |
| . If amending name, enter the new name | of the limited liab | ility company her | <u>e</u> : | |
| ne new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the des | ignation "LLC" or the abb | reviation "L.L.C." |
| Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | 200 NE 43 St, | | |
| | | Deerfield Beach, FL, 33064 | | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) | | Palm Springs FL | | · · · · · · · · · · · · · · · · · · · |
| | | | · · · · · · · · · · · · · · · · · · · | (3 |
| 3. If amending the registered agent and/or gent and/or the new registered office addre | registered office a | address on our rec | ords, <u>enter the name</u> | of the new regist |
| Name of New Registered Agent: | Victor De La L | lave | : · · | T T |
| New Registered Office Address: | 200 NE 43 St. | | | 5.5 |
| | Deerfield Beach | | a street address Florida 3300 | ·. 54 |
| | | City | <u> </u> | 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.

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-----------------------------|----------------|
| MGR | Victor Gomez | 1732 S Congress Ave Ste 307 | <u> </u> |
| | | Palm Springs FL 33461 | □Remove |
| | | | □Change |
| MGR | DAR JV TRUST | 4151 LAKE WORTH RD | □Add |
| | | LAKE WORTH, FL 33461 | ■Remove |
| | | □Change | |
| | | | □Add |
| | | | Remove |
| | | | ☐ Remove |
| | | | |
| | | □Remove | |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| | | _ _ _ |
|--|------------------|-------------|
| | | _ _ |
| | | _ |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | _ |
| | | _ |
| | | |
| | | _ G |
| <u> :: </u> | 707 | _ ` |
| 2 : | HAR- | -77 |
| ::.: | - 5 - | |
| <u> :. , , , </u> | α | |
| <u> </u> | U | |
| 83. | | |
| <u> </u> | 5 | _ |