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TO:

Registration Section

Division of Corp	orations		
SUBJECT:	DDRH M Name of Lim	COIO SECOCE ned Liability Company	ELLC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	<u>Damian</u> R	Rivera Herron Name of Person	dez
		Firm/Company	
	5518 Am	1010 Paymer I	or Aptiall
	oriano	NO FL 3281 City/State and Zip Code	1
	E-mail address. (to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	all:	
<u>Damian</u> F	Zivera	at (<u>321</u>) 347	7880
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 6321 Tallahassee, F		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number <u>L2100012</u>	ompany were filed on <u>0311512021</u> and assigned <u>403</u>
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	I office address on our records, enter the name of the new regist
ngent and/or the new registered office address here:	
Name of New Registered Agent:	Enter Florida street address , Florida Cuv Zip Code

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	Erika Munroe	5518 amod Paimer Dr Apt 1211 32811	t√Add
			🗆 Remove
			□Change
			□Add
			□Remove
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Custiva	date, if other than e date is listed, the date he date inserted in thi	is block does not m	ieet the applicabl	date of filing or more e statutory filing re	than 90 days after fill equirements, this de	al) ng.) Pursuant to 605,02 ate will not be listed
<u>ote:</u> If th	s effective date on th					
ote: If the ocument' record sp		ective date, but not	an effective time	. at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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ote: If the comment'	s effective date on the		an effective time	. at 12:01 a.m. on	the earlier of: (b)	The 90th day after the

Filing Fee: \$25.00