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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	DYP CONS	ULTANTS LLC			
SUBJECT.		Name of Lim	nited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		DIEGO A MORA NUNEZ	Z		
			Name of Person		
		DYP CONSULTANT LLC	C		
		 -	Firm/Company		
		4200 COMMUNITY DR #	¥1208		
			Address		
		WEST PALM BEACH, FI	L 33409		
			City/State and Zip Code		
		DIEGO.MORA.NUNEZ@G			
		E-mail address: (to be used for future annual report noti	fication)	
For further in	formation co	ncerning this matter, please ca	all:		
DIEGO MOI	RA NUNEZ		727 6785322		
	Name of	Person	at () Area Code Daytim	e Telephoi	ne Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling 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:

TO:

Registration Section

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

IANTS LEC SECRETARY On STATE

(Name of the Limited Liability Company as it now appears on our record ALL AHASSEE, FL

(A Florida Limited Liability Company)

FILED 2022 MAY 19 AM 9: 52

The Articles of Organization for this Limited Liability Company Florida document number L21000124984	were filed on 03/16/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

DYP CONSULTANTS LLC

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 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>	<u>Address</u>	Type of Action
SECRET.	MARIA D OSPINA HERNANDEZ	CONDOMINIO RIO PALMA CAS #28 ESCAZU	□Add
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Note:	ive date, if other than the date ective date is listed, the date must be spe If the date inserted in this block do ent's effective date on the Departm	es not meet t	he applicable	te of filing or mo statutory filing	(op re than 90 days aft requirements, th	tional) er filing.) Pursua nis date will no	nt to 605. t be liste	.0207 (3 ed as th
he recor ord is fi	d specifies a delayed effective date, led.	but not an ef	fective time, a	at 12:01 a.m. o	n the earlier of:	(b) The 90th c	lay after	the
Dated	MAY II	. 20:	22					

Typed or printed name of signee