## L21000141793

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## **COVER LETTER**

	gistration Sec vision of Corp			
SHRIFCE.	DASALI LI	-C		
SOBJECT.			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JOSHUA S. PINSKY, ESC	Q	
			Name of Person	<del></del>
		ROSENBERG & PINSKY	,	
			Firm/Company	<del></del> _
		6499 N POWERLINE RD	, SUITE 304	
			Address	
		FT LAUDERDALE FL		
			City/State and Zip Code	
		asali4152@gmail.com		
			to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
JOSHUA S.	PINSKY		at () 772.5151 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
☑ \$25.00 F	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DASALIELC		
( <u>Name of the Limited I</u> (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)	<del>-</del> .
The Articles of Organization for this Limited Liabil	lity Company were filed on 03/26/2021	and assigned
lorida document number L21000141793		
his amendment is submitted to amend the followin	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
TASALI LEC		
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable		
	<del></del>	<del></del>
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	
		· <del> ·</del>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u>-</u> -
. If amending the registered agent and/or regis	tered office address on our records, enter the na	me of the new registe
gent and/or the new registered office address he	ere:	
Name of New Registered Agent:		2021 KAN
Manie of the winegistered Agent.	<del> </del>	
New Registered Office Address:		۱ 
	Enter Florida street address	PE
_	Florida	
_	City	Zin 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 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
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and o ock does not me	cannot be prior to e	date of tiling or more t e statutory filing red	(option, han 90 days after fil quirements, this d	ing 3 Pursient to 605 0207
e record specifies a delayed effective ed is filed.	e date, but not a	an effective time	, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
		2021			
APRIL 29					
Dated APRIL 29					

Filing Fee: \$25.00