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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: Do	macusa (	LLC	
305/LC1	Name of Lim	ited Liability Company	
The enclosed Articles of Amo	endment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
	Downlook A.	ndres Monsalue	Garai a
-		Name of Person	
	Du	DAM6 U	ISA, LLC
		Firm/Company	<del>-</del>
	12301 1000	ander drive	
		Address	
	0110.	City/State and Zip Code	37
-		City/State and Zip Code	ند. دم.
_	,	Sa. Flaggmail to be used for future annual report notificat	· —
For further information conce	erning this matter, please ca	all:  at ( <u>u07</u> ) 360 8  Area Code Daytime Te	<u>10</u>
1	,		75
David Mans	alvi berci	at (407) 360 8	8 58 - 2
Name of Per	son	Area Code Daytime Te	elephone Number 511
Enclosed is a check for the fo			
\$25.00 Filing Fee	330.00 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 Sect	ion	<u>Street Address:</u> Registration Section	nn
Division of Corp		Division of Corpor	
P.O. Box 6327		The Centre of Tall	ahassee
Tallahassee FI 3	32314	2415 N. Monroe S	treet Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAM 6 USA, 4	LL C		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears o	n our records.)	
(A Folia Limite	т Епарину Сонцыну)		
The Articles of Organization for this Limited Liability Compan	y were filed on	5/26/21	and assigned
Florida document number	<b>s</b>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Lial			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		n/A	· · · · · · · · · · · · · · · · · · ·
·		•	<u> </u>
•		-	) 
Enter new mailing address, if applicable:		NIA	
(Mailing address MAY BE A POST OFFICE BOX)		- <del></del>	
The state of the s			
·			75 N
B. If amending the registered agent and/or registered office	address on our reco	ords, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:		010	
		MA	
Name of New Registered Agent:	Oxide acres	re FOOKA	2
New Registered Office Address:	<b>EUGOWK</b>	ewedown d	scole
	Enter Florida	street address	
	aimente	, Florida	DO JUZ
<del></del>	City		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Actio
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Filing Fee: \$25.00