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SECRETARY OF SHA

COVER LETTER

Division of Cor			
DSA PROPI	ERTY MANAGEMENT LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DENIS S. ALVAREZ		
	· · · · · ·	Name of Person	
	DSA PROPERTY MANAG	GEMENT LLC	
		Firm/Company	
	55 MERRICK WAY SUIT	E 402	
		Address	
	CORAL GABLES, FL 331	34	
	DSA@DENISALVAREZ.C	City/State and Zip Code OM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
DENIS ALVAREZ		305 609-2406	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

2022 JUN 15 PM 3:22

DSA PROPERTY MANAGEMENT LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(111107)	minute is a second seco		
The Articles of Organization for this Limited Liability Co	ompany were filed on	07/07/2021	and assigned
Florida document numberL21000310288			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u> </u>		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re-	cords, <u>enter the nar</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	Zip Code
	•		zų) Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co	ind agree to act in this co publish performance of t	apacity. I further as my duties, and I am	gree to comply with t familiar with and
accept the obligations of my position as registered as	ent as provided for in Ci	hapter 605, F.S. Or	, if this document is
being filed to merely reflect a change in the registere	d office address. I hereby	v confirm that the li	mited liability

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>	<u>Address</u>	Type of Action
MGR	JULIA M SAUER	55 MERRICK WAY SUITE 402, CORAL GABLES FL 33134	= Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
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			□Add
			□Remove
			□Change

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If an el Note:	ive date, if other than the date of filing:JUNE 7, 2022
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	JUNE 9, , 2022
	Signature of a member or authorized representative of a member
	DENIS S. ALVAREZ PA

TOTAL TO 00 F 04