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## **COVER LETTER**

	Registration 5 Division of Co		•	1	1.	
cumine	DÍASPOI	RÎQUES ABA (DABA) SOLUT				
SUBJEC	.1	Name of Lim	ited Liability Company			
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	pondence concerning this matter	to the following:			
		Tybule Saint-Louis				
			Name of Person			
DIASPORIQUES ABA (DABA) SOLUTIONS, LLC						
Firm/Company						
1937 Newmark Circle SW						
			Address			
		Vero Beach, FL 32968				
			City/State and Zip Code			
		Tybule.SaintLouis@gmail.a	to be used for future annual report not	(figation)		
For furth	er information	concerning this matter, please c		Trumou y	2022 FE SECRI	
Tybule 5	Saint-Louis		772 213-2301	_	B 17	
	Name	of Person	Area Code Daytin	ie Telephone Number	2022 FEB 17 PH 12: 4 SECRETARY OF STAT TALLAHASSES FL	
Enclosed	l is a check for	the following amount:				
<b>≡</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	ing Fee, e of Status &	

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

DIASPORIQUES ABA (DABA) S	OLUTIONS, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number L21000331965	iability Company	were filed on <u>07/21/2021</u>	and assig	ned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
DIASPORIQUES ABA SOLUTIONS, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.0	<u>C."</u>
Enter new principal offices address, if applic	rable:	1937 Newmark Circle SW	!	
(Principal office address MUST BE A STREE		Vero Beach, FL 32968	SE T	5
Trincipal typice address most be provided by the			ALL ALL	
Enter new mailing address, if applicable:		1937 Newmark Circle SW	TARY AHAS	
(Mailing address MAY BE A POST OFFICE	BOX)	Vero Beach, FL 32968	071.7 071.7 071.7	
		75	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>e</u>	nter the name of the new i	<u>registered</u>
Name of New Registered Agent:	Tybule Saint-L	ouis		
New Registered Office Address:	1937 Newmark	: Circle SW		
		Enter Florida street a	uddress	<u> </u>
	Vero Beach		_, Florida <u>32968</u>	
		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 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
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	other than the date listed, the date must be spinserted in this block dive date on the Depart	loes not meet the	e applicable stati	filing or more than atory filing requi	(optional) 90 days after filing rements, this date	.) Pursuant to 6 will not be li	605,0207 (3)6 isted as the
If the record specifies a record is filed.	ı delayed effective datı	e, but not an effe	ective time, at 11	2:01 a.m. on the c	earlier of: (b) Th	ne 90th day af	fier the
Dated Tuesday		2/8/	2022				
		1 1					

Filing Fee: \$25.00

Typed or printed name of signee