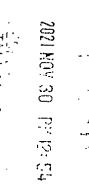
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor	rporations			
SUBJECT: DF	D PRENIUM	LLC		·
<u></u>		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BILTON LAWSON			
	South Florida	Law, PLLC		
		Firm/Company		
	1920 E. HA	LANSAUE BEACH Blud Address	#702	207
	HALLANDALLE, FL	City/State and Zip Code South florids 4w p C. to be used for future annual report noti		2021 ROV 30 PH 12: 54
	_	City/State and Zip Code		
	BURTON ON	Southflories IswpllC.	Cla	·
			fication)	. 정
For further information c	oncerning this matter, please ca	all:		
BURTON LAND	4-, ESa	at (<u>974</u>) 900-	8885	
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	-	

Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DFD Premium, LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company vi Florida document number LD1000# 77/62	were filed on $\frac{n!}{n!}$	3/2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	ration "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		• 11		
		_	20211	
Enter new mailing address, if applicable:	·	. <u>. </u>		
(Mailing address MAY BE A POST OFFICE BOX)		·	30	
			D 11	
B. If amending the registered agent and/or registered office adaptated agent and/or the new registered office address here:	ldress on our recor	ds, <u>enter the nam</u>	e of the new registered	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		
	City	11011da	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my ovided for in Chap	duties, and 1 am f oter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	Florina Gordieuschi	HALLANDALE BEACH, FL 33007	&Add
(My -	- PIAC (A PORCE ISCACA, FC 3300)	□Remove
			🗆 Change
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ective date, if	other than the date	e of filing:				(option:	al)		
i effective date is l	isted, the date must be s ascrted in this block of	pecific and ea	annot be prior t	o date of filing o	or more than 90 iling requires	days after fil	ing.) Pursua	nt to 605.01 t be listed	207 Las
rument's effectiv	e date on the Depart	ment of Sta	te's records.	•	0 1		•		
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s filed.	delayed effective date	e, but not ar	a effective tir	ne, at 12:01 a.i	m, on the ear	lier of: (b)	The 90th o	lay after ti	he
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Filing Fee: \$25.00