121000520171

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800385494268

04/15/22--01020--004 ++25.00

22 APR 15 AMIL: 03

T. MATTHEWS MAY 19 2022

COVER LETTER

TO:

TO: Registration S Division of Co		,	
DISPROL	AC, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	LFM ACCOUNTING SO		
		Firm/Company	
	Firm/Company 8805 NW 111th AVE UNIT 203 Address		
		Address	
	DORAL FL 33178		
		City/State and Zip Code	
	MALDONADOL@LFMAG	to be used for future annual report notification)	
For further information	concerning this matter, please c	•	
LENNIS M MALDONA	NDO	786 218-3881	
Name (of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Addre Registration		Street Address: Registration Section	
Division of (Corporations	Division of Corporations	
P.O. Box 63: Tallahassee		The Centre of Tallahassee)

Tallahassee, FL 32303

DocuSign Envelope ID: E1308292-EF58-4952-B219-781CBE05114B

ARTICLES OF AMENDMENT

TO

FILE() SECRETARY OF STATE LYISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

OF

22 APR 15 AM 11: 04

DISPROLAC, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number L21000520171	mpany were filed on $\frac{12/09/20}{2}$	221 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or sent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	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

DocuSign Envelope ID: E1308292-EF58-4952-B219-781CBE05114B
II amending Authorized rerson(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	Veronica J Correa Martinez	275 NE 18TH ST	≅ Add
		SUITE 106	
		MIAMI, FL 33131	□Change
			🗆 Add
			□Remove
			□ Add
			□Remove
			Change
			□Add
			
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove

· · · · · · · · · · · · · · · · · · ·						_
						_
						
						_
 						_
		<u> </u>				
		· 				_
- ·				<u> </u>	. <u>-</u>	
						
Effective date, if other than the fan effective date is listed, the date Note: If the date inserted in this	must be specific a s block does not	ind cannot be prio t meet the appli	r to date of filing or cable statutory fil	more than 90 days aff	tional) ter filing.) Pursuant to his date will not be	605.0207 (listed as t
document's effective date on the record specifies a delayed effective and specifies and specifies a delayed effective from the record specifies and specifies are specified as a specified and specifies and specifies and specifies and specifies and specifies and specifies are specified as a specified and specifies and specifies are specified as a specified and specifies and specifies are specified as a specified and specifies and specifies are specified as a specified and specifies and specifies are specified as a specified and specifies are specified as a specified and specifies and specifies are specified as a	ctive date, but no	ot an effective (ime, at 12:01 a.n	n. on the earlier of:	(b) The 90th day a	ifter the
document's effective date on the control of the con	ctive date, but no	ot an effective t	ime, at 12:01 a.n	n. on the earlier of:	(b) The 90th day a	ifter the
document's effective date on the erecord specifies a delayed effect of is filed. Dated APRIL 08	ctive date, but no		ime, at 12:01 a.n	n. on the earlier of:	(b) The 90th day a	ifter the
document's effective date on the effective date on the effective date on the effect of the filed. Dated APRIL 08		2022	nime, at 12:01 a.n		(b) The 90th day a	after the

Filing Fee: \$25.00