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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	LOD Oc	da 11C		
SUBJECT:		ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	DAWI	Name of Person		
		Firm/Company		
	4	50 Sevilla Ave		
	C	oral Gables FL 3	3134	
		City/State and Zip Code	<u> </u>	
		MN41@aol-com to be used for future annual report notif		
	E-mail address: (	to be used for luture annual report notif	fication)	
For further information c	oncerning this matter, please ca	all:		
DANIEL	Dom new 2	at (305)	27387	
Name o	rerson	Area Code Daytimo	e Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S  Division of C		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of T	•	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

×

LOD (	Devila ILC	F1 RECRE
(Name of the Limited Liability Co	empany as it how appears on our records.) ited Liability Company)	28 SSEE
The Articles of Organization for this Limited Liability Comp	cany were filed on $\frac{2/14/5}{2}$	22 And as mined
Florida document number <u>L 2 2000 73027</u> .	1 /	93 044 144
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
distribute		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<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 off agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	rmer Pioriau Sirver address	
·	, Flori , Flori	da 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MbR	LOD Enterprises, Inc	450 Sevilly Are	
		Coral Gubles, FL 33134	KRemove
			□Change
MER	DANIER Dominguez		≱avaq
		Coval Gables, FL 33134	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
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n effectiv <u>(te:</u>   If th	date, if other than the date of filing:    3   23   22   (optional)
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
.ed	MARCU 23 . 2022
	Signature of a member or authorized representative of a member
	organizate of a memori of audiorized representative of a memori
	DANIEL Domingue Z Typed or printed named of signee