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The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Lazaro M. Diaz	suriect. DA Ma	nagement Group, LLC			
Please return all correspondence concerning this matter to the following:    Lazaro M. Diaz	30b)EC1	Name of Limi	ted Liability Company		
DA Management Group, LLC   Firm/Company	The enclosed Articles	of Amendment and fee(s) are sub	nitted for filing.		
DA Management Group, LLC  Firm/Company  11301 Rocket Blvd  Address  Orlando, FL 32824  City/State and Zip Code  lazaro@thesmeltingpoint.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Lazaro M. Diaz  Name of Person  at (305	Please return all corres	pondence concerning this matter t	to the following:		
DA Management Group, LLC  Firm/Company  11301 Rocket Blvd  Address  Orlando, FL 32824  City/State and Zip Code  lazaro@thesmeltingpoint.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Lazaro M. Diaz  Name of Person  at (305   794-6336   Daytime Telephone Number)  Enclosed is a check for the following amount:  S2 \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:		Lazaro M. Diaz	N Ch		
Firm/Company  11301 Rocket Blvd  Address  Orlando, FL 32824  City/State and Zip Code  lazaro@thesmeltingpoint.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Lazaro M. Diaz  Name of Person  at (305 / Area Code)  Paytime Telephone Number  Enclosed is a check for the following amount:  Street Address:  Street Address:  Street Address:			Name of Person		
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Orlando, FL 32824  City/State and Zip Code    Iazaro@thesmeltingpoint.com		11301 Rocket Blvd			
City/State and Zip Code    Lazaro@thesmeltingpoint.com			Address		
Lazaro M. Diaz		Orlando, FL 32824			
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Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:   S2 \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Por farther informatio	it concerning this matter, prouse of	•••		
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Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Enclosed is a check for	r the following amount:			
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Registration Section Registration Section				ection	
Division of Corporations Division of Corporations			Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 OCT 11 PH 1: 08 DA Management Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/23/2022 and assigned Florida document number L22000143680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR_	ARROYO, MANUEL	12465 NORTHOVER LOOP	□Add
		ORLANDO, FL 32824	
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□ Add	
		Remove	
		Change	
			□Add
		Remove	
			□Change
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		Channa	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 10/8/2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated October 6 2022 Signature of a member or authorized representative of a member Lazaro M. Diaz Typed or printed name of signee

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Filing Fee: \$25.00