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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	Dagrad LLC	C				
., ., ., ., .,	Name of Limited Liability Company					
		Amendment and fee(s) are sub				
Please re	turn all correspo	indence concerning this matter	to the following:			
		Giselle Perry Dugand				
			Name of Person			
		Dagrad LLC				
			Firm/Company			
10625 Mobberley Circle						
			Address	<u></u>		
		Orlando/Florida 32832				
		City/State and Zip Code giselleperry@hotmail.com				
		E-mail address: (to be used for future annual report notification)				
For furth	er information co	oncerning this matter, please c	alt:			
Giselle F	Perry		336 4732280			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	l is a check for th	ne following amount:				
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	c·	Straat Addraws			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

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2022 JUH 10	AM 8. co
SECRETARY I	— ο υσ Ψ ου

Dagrad LLC		SECRETARY or a
Dagrad LLC (Name of the Limited Liability (A Florida)	Company as it now appears on our Limited Liability Company)	records.) - Alla SSEE.
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{03/27/2022}{1}$	and assigned
Florida document number L22000149358	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
	City	, Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	ANDRES F GOMEZ PERRY	10625 MOBBERLEY CIRCLE ORLANDO, FL	<u> </u>
			• Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			□Change

Page 2 of 3

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Dated 06 05 2022		
	Dated _	06/05/2022
Signature of a member or authorized representative of a member		Signature of a member or authorized expensionation of a member
Giselle M Perry Dugand Typed or printed name of signee		

Filing Fee: \$25.00