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To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DIDIRAY SHOP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIDIRAY SH	OP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000199246	were filed on 04/26/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7216 SW 8 ST SUITE # 1		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered	
The state of the s		8 / Y / Y / Y / Y / Y / Y / Y / Y / Y /	
New Registered Office Address:	Enter Florida street address , Florid		
	City	- Zip Gode	

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.

□ 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>	Name	Address	Type of Action
			□Add
			□Remove
		<u> </u>	Change
			□ Add
			□Remove
			Change
			□Add
		,at ~	□Remove
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			Remove

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ectiv	ve date, if other than the date of filing:
ctfc <u>te:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f.ling.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after thed.
) ایم	05/17/2022
cu _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Typed or printed name of signee