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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUE 1, LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.22000271634		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	amited Liability Company," the designation "LLC" of	the abbreviation FELC
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADI	DRESS)	
		<u>ن</u> :-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or represented agent and/or the new registered office ac		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	EmerFloridustreetaddress	
	, Florie	da
_	Cuy	Zip Cocle

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 end 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

DucuSign Envelope ID: 54F417C7-E005-40CB-B73A-C67BC58945C5 11 amenuing Authorized reison(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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MASTROCOLA, DOMINICK	2655 COLLINS AVE UNIT 906	
		MIAMI BEACH, FL 33140	■ Remove
		· · · · · · · · · · · · · · · · · ·	☐ Change
AMBR	DJAMM HOLDINGS LIMITED PARTN	SERSHIP	B Add
		18 DENNIS LAND	☐ Remove
		PLEASANTVILLE, NY 10570	Change
		·	Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			O Add
			☐ Remove
			☐ Change
			□ Remove
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uSign Enve	lope ID 54F417C7-ED05-46	008-873A-067805894805 manon, enter change(s) dere: (Attach ada	luional sheets, if necessary.)	
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Note:	If the date inserted in thi	the date of filing:	(optional) more than 90 days after filing.) Pursua ling requirements, this date will no	ncto 605.0207 (3)(b) of be listed as the
	cord specifies a dela 90th day after the	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the	e earlier of:
Dated	SEPTEMBER 12	2023		
		DOMINICK MASTROCOLA		

To:

Page 3 of 3

Typed or printed name of signee

DOMINICK MASTROCOLA

Filing Fee: \$25.00