## 122000323361

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies (	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



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A. BUTLER
DEC -7 2022

## COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: <u>ME</u>	DARTECH MA	WKETA LVC	
	Amendment and fee(s) are sub-	-	
	Amy W	<u>e(pen</u> Name of Person	
	medarted	1 marketing	Lic:
	501 BRICKELL	Buy Dive	
	midmi, F	City/State and Zip Code	<del> </del>
		Marketing @ G	mol iCom
For further information co	oncerning this matter, please co	at (156) 77) -	9106. ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records 7 SEP 12 AM 7: 05
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200032336</u> 1	were filed on DIGZI, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 Brickell Bay Drive
(Principal office address MUST BE A STREET ADDRESS)	miam + 3313)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	801 Brickell Bay brive mount FL 33131
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: Am U	WERER
New Registered Office Address: 60 BY	ickell Bay bowle
1.4.7.	22121

## 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.

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>	Name	Address	Type of Action
AMBR	Amyweber	501 Brickell Boy Driv	C CEXdd
	ı	501 brickell Boy Driver miaminite 33/3/	□Remove
			🗆 Change
			□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
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		🗆 Add	
		Remove	
		Change	
		□Add	
		···	□Remove
			□Change
			□Add
			□Remove
			□Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
<u> Note:</u> 11	e date, if other than the date of filing:
f the record ecord is 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 the d.
Dated <u></u>	wyost to 2022.  Caninvelser:
	Signature of a member or authorized representative of a member
	AMY WEBER Typed or printed name of signee