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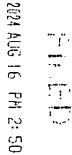
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SECRETARY OF STATE TALLAHASSEE, FL





COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of C	orporations					
	VESTMENTS LLC					
SUBJECT:						
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	KABIR DAS					
		Name of Person				
	DAS INVESTMENTS LLC					
		Firm/Company				
	2645 EXECUTIVE PARK DRIVE SUITE 516					
		Address				
	WESTON, FL 33331					
	DASINVESTMENTSCO@		7024 SEC 1405			
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification) all:	SECRETARY OF ST TALLAHASSEE,			
KABIR DAS		954 419-8205 at ()	PM ASSER			
Name	of Person	Area Code Daytime Telephone Nu	A AUG 16 PM 2: 50 CRETARY OF STATE TALLAHASSEE, FL			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)			
Mailing Addr Registration Division of P.O. Box 63	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Talłahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAS INVESTMENTS LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears ibility Company)	on our records.)	
The Articles of Organization for this Limited L		vere filed on 08/	15/2022	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ity company her	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				2024 AUG I SECRETI TALLA
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our re	cords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	KABIR DAS	and the same of th		TATE FL
New Registered Office Address:	2645 EXECUTIV	VE PARK DRIVE	SUITE 516	
		Enter Florid	la street address	
	WESTON		Florida _	33331
		City		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 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>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			ZECREIN TALL
			TALLAHASSEE. FL
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove

____ □Change

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: (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 _ 08/18 2024 Signature of a member or authorized representative of a member KABIR DAS Typed or printed name of signee