Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

**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 DD&R ASSETS LLC

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From: Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DD&R ASSET			
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appear ity Company)	s on our records.)	-
The Articles of Organization for this Limited Liability Company wer Florida document number	e filed on	08/30/2022	and assigned
This amendment is submitted to amend the following:			
	aomnany ha	ama.	
A. If amending name, enter the new name of the limited liability	company ne	<u></u> .	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the d	lesignation "ELC" or the	ubbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
_			
B. If amending the registered agent and/or registered office add	ress on our r	ecords, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		
I hereby accept the appointment as registered agent and agree of provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance o _j vided for in	f my duties, and Lan Chapter 605, F.S. C	n familiar with and)r, if this document is

If 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
MGR	RAMIRO MARQUEZ RAMIREZ	CR 31 17 SUR 34 CA 101	🗆 Add
		MEDDELLIN, AN 000 CO	& Remove
			□ Change
MGR	MARIA ROCIO FERNANDEZ MESA	CR 31 17 SUR 34 CA 101	□Add
		MEDDELLIN, AN 000 CO	图 Remove
			\[\] Change
MGR	DIANA MARIA MARQUEZ	3805 POINCIANA AVE	⊠Add
		MIAMI, FL, 33133-6421	□ Remove
			□Change
MGR	DANIEL FELIPE MARQUEZ	2048 NW 61ST ST UNIT A	\nabla Add
		SEATTLE, WA 98107	🗆 Remove
			Change
			🗆 Add
			□Change
			□Add
			Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effecti	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the recon	d 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 led.
Dated	September 30th , 2022
	Signature of a member or appropriate of a member
	Signature of a member or asthorized representative of a member
	Ashley Perkins, Attorney-in-Fact

Typed or printed name of signee