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COVER LETTER

	gistration Sec vision of Corp			
CIIDIECT.		SULTING & MANAGEMEN	ΓLLC,	
SUBJECT:	·	Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		JOSUE ALVERSEAU		
			Name of Person	
			Firm/Company	
		750 SOUTH ORANGE BI	LOSSOM TRAIL SUITE 138	
			Address	
		ORLANDO FLORIDA, 32	2805	
		JOSUEALVERSEAU1@G	City/State and Zip Code MAIL.COM to be used for future annual report notific	estion)
For further i	information co	oncerning this matter, please c	·	Callony
JOSUE AL	VERSEAU		407 608-9379	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
≅ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	uiling Address		Street Address: Registration Sect	tion
Di	vision of Co	orporations	Division of Corp	orations
P.(O. Box 632	7	The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAG CONSULTING & MANAGEMENT LLC,

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 0915/2022	and assigned
Florida document number L22000402760		y
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	c.i.,	2 4, C

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 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>	<u>Name</u>	Address	Type of Action
MGR	JOSUE ALVERSEAU	750 S TAMPA AVE. ORLANDO, FL. 32839	
			□Remove
			Change
MGR	GAELLE GUERRIER	323 WEST INDIES WAY, LANTANA, FL. 33462	🖹 Add
			Change
MGR	JOSUE ALVERSEAU	750 S ORANGE BLOSSOM TRAIL STE 138, ORI	LA? □ □Add
			\ \ Remove
			□Change
		<u></u>	□Add
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Note:	ive date, if other than the date of filing:
e reco rd is fi	ed 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 19 , 2022
	Signature of a member or authorized representative of a member
	JOSUE ALVERSEAU

Filing Fee: \$25.00