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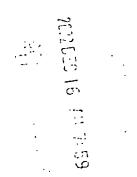
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COVER LETTER

TO: Registration Section Division of Corporations	1
SUBJECTA Dazzlina Dishmac	hines LLC.
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
,	-
Glen Russe	. 11
<u> </u>	Name of Person
	1.
Duzzling Dishn	Firm/Company
1451 W. Cyp	press Creek Road, Swike 300
Fort Lauderdo	City/State and Zip Code
Dunuch nes FM E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of	rall:
	and the state of
Wen Russell Name of Person	at (746) 267-4559 Area Code Daytime Telephone Number
Name of Ferson	Area Code Baytine releptione realizer
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dazzling Dishmachines LL	npany as it now appears on our record ed Liability Company)	
	,	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/18/2022	2 and assigned
Florida document numbe LZZ 000 448 ZL9		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		200
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		. 9
B. If amending the registered agent and/or registered offic agent and/or the new <u>registered</u> office address here:	ce address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addres	.5
		orida
	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 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	Glen Russell	1231 NW 1844 Ct. Ft. Lawbrow FL. 3	35311 AAdd
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ective date, if other than the date of filing: 10/16/20 effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the applica unment's effective date on the Department of State's records.	to date of thing of more than 50 days after thing, 11 distant to 000.02
cord specifies a delayed effective date, but not an effective tin s filed,	me, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed December 12 . 2022 Llu Zuntt Signature of a member or author Glen Russell Typed or printer	_·
Lla Zunell	
Signature of a mornhor or author	rized representative of a mouther