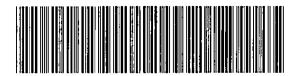
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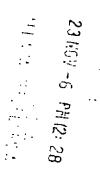
(Requestor's	Name)
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(Business En	tity Name)
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COVER LETTER

	Registration Se- Division of Corp		١.	•
	DSRB.MIA	MI LLC	•	·
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Rodrigo D Barbagallo		
		<u> </u>	Name of Person	
		DSRB.MIAMI LLC		
			Firm/Company	
		NE 169th TERRACE 1050)	
			Address	
		NORTH MIAMI FL 33162	2	
			City/State and Zip Code	
		BARBAGALLO.RODORO	_	
			to be used for future annual report noti	lication)
For furth	er information c	oncerning this matter, please co	all:	
Rodrigo	D Barbagallo		786 9478538 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.	00 Filing Fee	☐ \$30.00 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		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cords.)

DSRB.MIAMI 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 Florida document number L22000459657	were filed on 10/25/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NE 169TH TERRACE 1050 33	162 FL North Miami
(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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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
MGR	Daniel Antonio Barbagallo	NE 169TH TERRACE 1050 33162 FL North Miami	= Add
			□ Remove
			□Change
			□Add
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			□Remove
			Change

			
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	t be specific and cannot be prior to date	(optional) e of filing or more than 90 days after filing.) Pursuan	
lote: If the date inserted in this blo ocument's effective date on the De		tatutory filing requirements, this date will not	be listed
	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th de	ay after
l is filed.		170	
October 26th	2023		
ated	· · · · · · · · · · · · · · · · · · ·		
-	Signature of a member or authorized	representative of a measurer	