17865137810

From: Paloma Duarte

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(((H22000398229 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

a:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DODO AMERICA LLC

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T. LEMIEUX

NOV 28 2022

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DODO AMERICA LLC				
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)		<del></del>	
The Articles of Organization for this Limited Lie Florida document number L22000086515		a	nd assigne	∍d
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or	the abbreviat	ion "L.L.C."	<del></del>
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
			<u></u>	<del></del>
Enter new mailing address, if applicable:				
(Muiling address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/oregistered agent and/or the new registered offi	r registered office address on our records, <u>er</u> <u>ce address here</u> :	iter the n	2022	he ne
New Posistored Office Address			ACK	
New Registered Office Address:	Enter Florida street address	•	22	<u></u>
	, Florida	ı	P '	<u> </u>
New Registered Agent's Signature, if changing Re-	City	∵Zip ( ⊝ ⊖	Cocte	
I hereby accept the appointment as registered	agent and agree to act in this capacity. I further	· agree to c	comply w	ith the

If Changing Registered Agent, Signature of New Registered Agent

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.

o:

From: Paloma Duarte

(((H22000398229 3)))

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 = M $AMRR = A$	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
MGR	Giovana de Azevedo Rosa	21450 Sawmill Ct			
		Boca Raton FL, 33498	□ Remove		
			☐ Change		
			Add		
			Remove		
			Change		
			Add		
			□ Remove		
			☐ Change		
			□ Remove		
			Change		
			□ Add		
			□ Remove		
			□ Change		
			D Add		
			□ Remove		
			Change		

o;

D Ifan	((H22000398229 3)))
D. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	tive date, if other than the date of filing: (optional)  flective 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)(
(If an c Note	ffective 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), If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
f the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
Dated	NOVEMBER 16 2022
	$\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}($
	Junu -
	Signature of thember or authorized representative of a member
	JAQUELINE KUNZE
	Typed or printed name of signee