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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

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SECSETARY OF STATE
TALLAHASSEF

COVER LETTER

TO: - Registration Se Division of Cor			
Supply DA	LLC		
SUBJECT:		ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Diego Greco		
		Name of Person	
		Firm/Company	
	217 Poinciana Island Drive	:	
		Address	
	Sunny Isles Beach, Florida	. 33160	
		City/State and Zip Code	
	dgrecof98@gmail.com	to be used for future annual report notil	(cation)
For further information c	oncerning this matter, please of		icanon,
Diego Greco		305 965-8706 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)
Mailine Addres	···	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supplies DA LLC				
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our Liability Company)	records.)	
he Articles of Organization for this Limited Liability Compan		were filed on 11/!5/2022		_ and assigned
lorida document number L22000488266				
nis amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company here:		
ew Dara LLC				
ne new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		217 Poincina Island Driv	e ن	20
		Sunny Isles Beach.		2024 NOA
		Florida, 33160	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		217 Poinciana Island Drí		유 교 !!
		Sunny Isles Beach.	<u>्र</u> ास्	i -•
		Florida, 33160		0
. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	-	address on our records, g	enter the name o	f the new regis
Name of New Registered Agent.				
New Registered Office Address:	217 Poincina Is	land Drive Enter Florida street	nddross	
	Sunny Isles Bea		Florida	
		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	Diego Greco	217 Poincina Island Drive.	
		Sunny Isles Beach.	□Remove
		Florida, 33160.	
AMBR	Arian Barboza	217 Poincina Island Drive.	
		Sunny Isles Beach.	□Remove
		Florida, 33160.	3 C1
			□Remove
			□Change
			□Add
			☐ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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ffective date, if other than the control of the control of the date is listed, the date in this isocument's effective date on the	block does not n	neet the applica	o date of filing or mobble statutory filing	(option of the control of the contro	onal) filing.) Pursuant to 60 s date will not be lis	05.0207 sted as
e record specifies a delay The 90th day after the re	ed effective d cord is filed.	iate, but no	an effective t	me, at 12:01 a	a.m. on the earl	ier o
		of 2024				
Dated November 15		•	- ·			
November 15 Die	30	Gree	rized representative			

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Filing Fee: \$25.00