## Florida Department of State Profision of Corporations Bleetropic Filing Cover Sheet

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	Fax Number : (850)617-6383	<u>Ž</u> úta
From:		:
	Account Name : DIPHORA LLC	
	Account Number : I20220000014	``
	Phone : (786)280-3205	
3	Fax Number : (561)300-0428	•
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	the email address for this business entity to be used for future mual report mailings. Enter only one email address please.**	÷. .v.
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 01/12/23 and assign lorida document number L23000026922  this amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  CALA DRIVER LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC are new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  The amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	MAC PAINTING PROS LLC					
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ew Registered Agent's Signature, if changing Registered Agent:	w Degistered Ament's Signature if changing Regi	•		•		

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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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