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A. PARISHANI DEC 0 9 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations

| SUBJECT:                      |   | Cas Diego Aragon as managin<br>med Liability Company   | g member<br>  |  |  |
|-------------------------------|---|--|---|--|--|
|                               | Name of thin                              | med Liaomity Company   | 202<br>3.50   |  |  |
| 717h                          | e   | and the state of t | 023 ROV 27  |  |  |
| The enclosed Articles o       | f Amendment and fee(s) are sub            | muted for fi.ing.  | Z A 25  |  |  |
| Please return all corresp     | ondence concerning this matter            | <b>三二</b>  |   |  |  |
|                               | Miguel Angel Ramirez (                    | Somez  | E STATE 2007 A 10 10 10 10 10 10 10 10 10 10 10 10 10   |  |  |
|                               |   | Name of Person   | āgā <b>3</b>  |  |  |
|                               | DM PARADISE LLC                           |  |   |  |  |
|                               |   | Firm/Company   |   |  |  |
|                               | 20464 NW 44th PI                          |  |   |  |  |
|                               |   | Address  |   |  |  |
|                               | Miami Gardens, FL 330                     | Miami Gardens, FL 33055  |   |  |  |
|                               | -   | City/State and Zip Code  | <del></del> _   |  |  |
|                               | info@automaterentals.co                   | וחכ  |   |  |  |
|                               | E-mail address: (                         | to be used for future annual report not  | tification)   |  |  |
| For further information       | concerning this matter, please c          | all:   |   |  |  |
| Miguel Angel Ramire           | z Gomez                                   | 305 803-1053   |   |  |  |
| Name                          | of Person                                 | Area Code Daytin   | ne Telephone Number   |  |  |
| Enclosed is a check for       | the following amount:                     |  |   |  |  |
| ■ \$25.00 Filing Fee          | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)  | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Addre<br>Registration |   | <u>Street Address:</u><br>Registration Sc  | ection  |  |  |
| <del>-</del>                  | Corporations                              | Division of Co   |   |  |  |
| P.O. Box 63                   |   | The Centre of  |   |  |  |
| Tallahassee,                  | FL 32314                                  | 2415 N. Monro  | oe Street, Suite 810  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**DM PARADISE LLC** 

2023 NOV 27 PM I2: 03

(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 and assigned Florida document number LL30000 30995 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_ City 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | Address                                   | Type of Action  |
|--------------|--------------|---|---|
| MGR          | Diego Aragon | 20464 NW 44th Pl, Miami Gardens, FL 33055 | •Add  |
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