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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: D.A.S.E.	110	
SORTECI: P.M. V.	Name of Limited Liability Company	
The enclosed Articles of Amendment at	nd fee(s) are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
	Jose J. Villata Name of Person	ORD
	Pirm/Company	
1172	Pine Lake Dr Address	, Cape Coral FL 33909
	City/State and Zip Cooper To Pro · and I e 10 (W) E-mail address: (to be used for future annuments)	909 de
villat	E-mail address: (tobe used for future anni	and report notification)
For further information concerning this	matter, please call:	
Angre Villator Name of Person	at (<u>239</u>) Area Code	JUD-09TD Daytime Telephone Number
Enclosed is a check for the following an	nount:	
S25.00 Filing Fee \$30.00 F	Filing Fee & S55.00 Filing Fe Certified Copy (additional copy is	Certificate of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis The C 2415	Address: Stration Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAS.E. 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 were filed on Feb 20, 2023 and assigned Florida document number 12300088639.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he 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)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registere gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address 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 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
AMBR	Jose J. Villatoro	1172 Pine Lake Dr.	
			□Remove
			Shange
AMBR	Angie Villatoro	1172 Pine Lake Dr	t\$Add
			□Remove
			Change
			□Add
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			□Change
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Tan ene Note:	tive date, if other than the date of filing: Feb 17, 2 ffective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	filling or more than 90 days after filling.) Pursuant to 605.0207
record d is file	ord specifies a delayed effective date, but not an effective time, at 13 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	march 28 . 2023.	
	Signature of a member or authorized rep	resentative of a member

. .

Filing Fee: \$25.00