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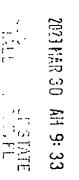
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COVER LETTER

TO: Registration Se Division of Cor	porations			
SUBJECT: Da	TAFCALO MANAG Name of Lim	ement //c		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tiffany	Horne		
		Name of Person		
		Firm/Company	20)
	2795 Nh	431d fer/		,
	11.	Address	<u> </u>	, .)
	1/19mi	FC 37/1/2		
	1. M. 16.	City/State and Zip Code ne/809mai/- Con) ⁱ
	E-mail address: (to be used for future annual report notif		Ś
For further information c	oncerning this matter, please co	all:		
Tiffand	/	at <u>229</u>) 869-	7304	
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres	<u>s:</u> Saytian	Street Address:	dian.	

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

Da Infraged Management // C

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Li	ability Company were filed on _		_ and assigne	ed
Florida document number	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liability company l	<u>here</u> :		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the abbro	eviation "L.L.C.	
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	TADDRESS)		1023	
			30	,
Enter new mailing address, if applicable:			严	i
Mailing address MAY BE A POST OFFICE I	<u></u>	250	<u> </u>	نر_
		المنظ علم	ယ္ထ	
(Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our		ယ္ဆ ည of the new re	
Name Danisam of OPE v. Addison	2795 NN 42-d	terr		
New Registered Office Address:	Enter Flo	orida street address		

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
OW NICK	Tiffany Horne	4900 NW 26+4 ave	Œ/dd
	,	Address 4900 NW 26+4 912 Migmi F2, 33142	□Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
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			□Remove
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			□ Change

J. Just holy to list myself as owner you could help a would be growthy app Thank You effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days eg. If the date inserted in this block does not meet the applicable statutory filing requirements ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of filed. ed. 3/88/23	PICCLA	Sel
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		(F) [1] (023 Here 30
Signature of a member or authorized representative of a member		
Tiffany Hoine Typed or printed name of signee	• •	9: N