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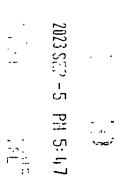
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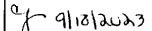
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		· .	s
SEVEN LO			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANAY ALEGRE		
		Name of Person	
	DALE SOLUTION MIAN	MI LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1148 SW 67TH AVE		
		Address	·-
	MIAMI, FL 33144		
		City/State and Zip Code	
	_	ESOLUTIONMIAMLCOM	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	call:	
DANAY ALEGRE		786 414-1601	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Address Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

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 03/03/2023 03/30/2023 and assigned Florida document number L23000160492 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 "LLC." 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:

SEVEN LOGIK LLC

DALE SOLUTION MIAMILLC

New Registered Office Address:

1148 SW 67TH AVENUE

Enter Florida street address

MIAMI

_, Florida 33144 Zip Code

2023 SEP -5 PH 5: 47

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 Agents 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	FELIX GONZALEZ MONTERO	1642 SW 107 AVE SUITE 114 B	= Add
		MIAMI FL 33165	□ Remove
			Change
MGR	OLIVIA CASALES DIAZ	1642 SW 107 AVE SUITE 114 B	□Add
		MIAMI FL 33165	■Remove
			□Change
			□Add
		<u>. </u>	Remove
			Change
			□ Remove
			□ Change
		<u> </u>	
			□Remove
			□Remove
			□Change

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