L23000324321

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COVER LETTER

Division of Co			
SUBJECT:	DHAR SHOPS		
	Name of Limite	ed Liability Company	
The contract Aminhe	6 A 1 C - (-) h	land for filter	
	f Amendment and fee(s) are subm	_	
Please return all corresp	ondence concerning this matter to	the following:	
	Johanna	Mayadiaga Name of Person	
	DMAR 5	NOPS Firm/Company	
	_488 Lax	ayette 5+ 5W	
	Palm Ba	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code be used for future annual report notific	908
	Chanau mayo E-mail address: (to	CACACA DO 1 W 9 MQ be used 6) future annual repeat notific	id. com
For further information	concerning this matter, please call	l:	
Johana Name	Huradiaya of Person	at 186 Daytime	-8332 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 & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sect	ion
Division of	Corporations	Division of Corpo	orations
P.O. Box 63	<i>L1</i>	The Centre of Ta	Hanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DMAR SHO	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000224321</u>	mpany were filed on $\frac{\text{May } 5^{\frac{1}{10}}, 2023}{\text{May } 5^{\frac{1}{10}}, 2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed 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 ADDRE.	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	, , , , , , , , , , , , , , , , , , ,

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>	Name	Address	Type of Action
MGR	Johanna Haradiaga	488 larayette 5+500	ZAdd
	9	Halm Bay, FL 32908	□Remove
			□Change
AMBR	Ernesto Riveron	488 Laxayettest Sw	□Add
		Palm Bay, FL 32908	□Remove
			Change
			□Add
			□Remove
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			□ Remove
			□Change
			□Add
			Remove
			□Change
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	ve date, if other than the date of filing:
e record rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	05/11/2023, 2023.
	81ghature of a zember or authorized representative of a member
	Johana Hayadaaaa Typed or printed name of signee