L23000317579

(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D)	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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2023 OCT 10 FH 5: 42

c/ 10/19/2023

COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT: DA	SAGA LLC Name of Limited Liability Company	
	ndment and fee(s) are submitted for filing. ce concerning this matter to the following:	
-	Philip Rosen Name of Person	
-	Dasaca LCC Film/Company	
-	5658 WesternWay	
- -	City/State and Zip Code Oh 1 @ dasaga - Venture 5 E-mail address: (to be used for future annual eport notification)	
For further information conce	ning this matter, please call:	
Name of Pers	at (102) 541223 G Area Code Daytime Telephone Number	
Enclosed is a check for the fol	owing amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
Mailing Address:	Street Address:	

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

Dasaga C	- L <i>C</i>	2023 00T 10 PH 5: 42
(Name of the Limited Liability C	Company as it now appears mited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L 2300031757</u> .		3, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	ffice address on our rec	cords, <u>enter the name of the new register</u> e
Name of New Registered Agent:		
New Registered Office Address:	r . r.	
	Enter Florid	la street address
	City	, Florida
You Desistand Agent's Signature if shanging Desistand A	•	•

New Registered Agent's Signature, if changing Registered Agent:

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> **Name Address** Type of Action MGR Philip Rosen 5658 Western Way KAdd Lake Worth, FL 33463 | Remove _____ □Remove

II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• -	
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(If an effe	ve date, if other than the date of filing:
he record ord is file	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_	October 2, 2023
	Vy.
	Signature of a member or authorized representative of a member
	Philip Rosen