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DATE: 07/14/23

NAME: DAE HAUS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration S Division of Co				
SUBJEC	DAE HAU	SLLC			
		Name of Lin	mited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please re	turn all correspo	ondence concerning this matte	r to the following:		
		CHRISTOPHER DISCH	IINO		
			Name of Person		
		DISCHINO & SCHAMY	, PLLC		
			Firm/Company		
4770 BISCAYNE BLVD, STE 600					
			Address		
		MIAMI, FL 33137			
			City/State and Zip Code		
		ADMIN@DSMIAMI.COM	to be used for future annual report not	(figation)	
For furthe	r information c	oncerning this matter, please c	•	теанну	
	R LEIGH	, p. 100 0	786 581-2542		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed i	is a check for th	e following amount:			
■ \$25 ,0	0 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)	
R D P	Lailing Address Registration S Division of Co O.O. Box 632 Callahassee, F	ection orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

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

FILED

DAE HAUS LLC

2023 JUL 14 AM 10: 12

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	OLGAE TARY OF STATE TALLAHASSEE. FLORID
The Articles of Organization for this Limited Liability Company were filed or	
Florida document number L23000326949	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
DAE HAUS CREATIVE LLC	
The 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)	
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r 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 t provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I h company has been notified in writing of this change.	e of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
		<u> </u>	
			Remove
			Change
			□Remove
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lf an effecti <u>Note:</u> If t	e date, if other than the ive date is listed, the date must the date inserted in this blue t's effective date on the De	t be specific and ca ock does not mee	et the applicable	date of filing or me e statutory filing	(option of the control of the contro	filing) Pursu	ant to 60 ot be lis	05.0207 (sted as (
ne recor The 90	rd specifies a delayed Oth day after the rec	l effective dat ord is filed.	e, but not a	n effective ti	me, at 12:01 a	.m. on th	e earl	ier of:
Dated	July 14 July 1	4	2023					
		Signature of a mer	nber or authoriz	ed representative	of a member	- - , <u>.</u>		
	MARIAN ABABIO	Morie	an Ababio					

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Filing Fee: \$25.00