## L23000367617

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## **COVER LETTER**

TO: Registration S Division of Co			
	ERNATIONAL INVESTMENT	_	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JOSE THOMAS CPA		
		Name of Person	
	THOMAS AND COMPA	NY CPA PA	
		Firm/Company	
	9710 STIRLING ROAD,	SUITE 101	·
		Address	
	COOPER CITY, FL 33024	4	***
		City/State and Zip Code	
	josecpa@jttcpa.com E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	·	,
JOSE THOMAS CPA		954 4357272 at ( )	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fec	□ \$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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DCC INTERNATIONAL INVESTMENTS LLC

(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 Florida document number $\frac{123000367617}{}$ .	were filed on $\frac{08/04/20}{0}$	023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designs	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			1
	·· <del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	Zip Code
Non-Basiness d America Cimerana (Cabanata Paris, and America	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agricororisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capa performance of my a provided for in Chapa	luties, and I am fan ter 605, F.S. Or, if	niliar with and 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>	<u>Name</u>	Address	Type of Action
AMBR	JOSE PABLO GAITAN	20301 W COUNTRY CLUB DR	
		AVENTURA. FL 33180	■Remove
			□Change
AMBR	DIMAS CARLOS DE CAMPOS	20301 W COUNTRY CLUB DR	<b>=</b> Add
		AVENTURA, FL 33180	□Remove
			⊡Change
AMBR	ELMER OLIVEIRA CAMPOS	20301 W COUNTRY CLUB DR	<b>=</b> Add
		AVENTURA, FL 33180	□Remove
			□Change
AMBR	ERIC OLIVEIRA CAMPOS	20301 W COUNTRY CLUB DR	<b>≅</b> Add
		AVENTURA, FL 33180	□Remove
	-: O.		
AMBR	ELCI SHIRLEY OLIVEIRA CAMPOS	20301 W COUNTRY CLUB DR	<b>=</b> Add
	CAMPOS	AVENTURA, FL 33180	□Remove
		-	□ Change
			Add
			□Remove
			Channa

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