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COVER LETTER

	Registration Se Division of Cor		,	
er biez	DAS Prope	rties LLC		
SUBJEC	- L i	Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Alexander Hallack		
			Name of Person	
		DAS Properties LLC	_	
			Firm/Company	
		11678 Paradise Cove Lane		
			Address	
		Wellington, FL 33449		
			City/State and Zip Code	
		alexhallack@gmail.com		
1: el.	· · · · · · · · · · · · · · · · · · ·		to be used for future annual report noti	incation)
ror turti	ier information c	oncerning this matter, please ca		
Alexand	er Hallack		949 287-9161 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	he following amount:		
□ \$2 5.	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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

DAS Properties LLC					
(<u>Name of the Limited Li</u> (A Fi	ability Company lorida Limited Lia	y as it now appears on our ability Company)	records.)		_
The Articles of Organization for this Limited Liabili	ity Company w	vere filed on September	5, 2023	and :	assigned
Florida document number L23000415051					
his amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	ity company here:			
Not Applicable					
he new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation	"LLC" or the abbr	eviation	"L.L.C."
Enter new principal offices address, if applicable	: :	Not Applicable			
Principal office address MUST BE A STREET A				1023	
The party office association in the second			:	130	1
				1	V. LANCO
The state of the s		Not Applicable	•	S S	ाई अक्टमाना संग्रिक्त
Enter new mailing address, if applicable:	10				हुआक्रम प्रश्नित
Mailing address MAY BE A POST OFFICE BOX	Ŋ				4627
				<u></u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he		idress on our records,	enter the name		new reg
Name of New Registered Agent:	lot Applicable				
New Registered Office Address:					
-		Enter Florida street	address		
			, Florida		
_		City		Zip Co	de

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 to 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 authorized from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Candice Hallack	11678 Paradise Cove Lane	
		Wellington FL, 33449	Remove
			□Change
			Change
			□Add
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Λdd
			□Remove
			□Change

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