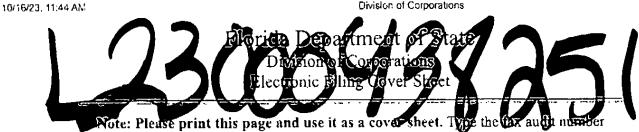
Division of Corporations



(((H23000361435 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I20180000078 Phone : (352)223-3911 : (863)318-8218 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

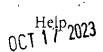
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<i>t</i>	D0.110	•		
	RS, LLC	ny sa it now nonears on our r	ecords.)	
(Name of the Limi	(A Florida Limited I	ny as it now appears on our r liability Company)	<u>****</u> /	
he Articles of Organization for this Limited L lorida document number <u>L23000438251</u>	iability Company	were filed on		and assigned
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company here:		
N/A				
he new name must be distinguishable and contain the	words *Limited Liabi	lity Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
				<u> </u>
Enter new mailing address, if applicable:		N/A		<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)			
MIGHTER HER LOS MANA MONTH VON VALLE				
			• .	2
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records,	enter the name	of the new regis
gent and/of the new registers of the hade	<u> </u>			• •••
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida stree	i address	0
			, Florida	
		Ciņ:		Zip Code

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 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>	<u>Name</u>	Address	Type of Action
MGR	AKEEM, ERSKINE	977 Vineridge Run Apt. 208	■Add
	·	Altamonte, FL 32714	□Remove
MGR	ANDREW, HAYNES	977 Vineridge Run Apt. 208	DAdd
		Altamonte, PL 32714	☐ Remove
			= Change
			□Add
			□Remove
			☐ Change
			□Add
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					(optional)	
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cument's effecti	e date on the Depart	ment of State 2 ii	rcorus.			
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record specifies a is filed.	delayed effective da	te, our not an erre	CHAC MINE OF 13	are i amin an me		-
October 16		2023	; ·			
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		nature of a member				
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Filing Fee: \$25.00