10/23/23, 3:17 PM

Division of Corporations

(H23000369710 3) Elorida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063 Phone : (786)343-9023

Fax Number : (305)384-4684

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

Email Address: monicalopez@flaccountingllc.com

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Page: 3

COVER LETTER

					(H23000369710
TO:	Registration Se Division of Cor			- in	٠. بغه
	DASELLO	LLC		, ,	
SUBJE	CT:	Name of Lin	nited Liability Company		_
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		MONICA LOPEZ			
			Name of Person		
		F&L ACCOUNTING SEI	RVICES		
			Firm Company		
		2414 NW 87TH PLACE S	SUITE 2414		
			Address		
		DORAL FL 33172			
		City/State and Zip Code			
		monicalopez@flaccounting	He.com to be used for future annual report not	iticariani	_
For factle	ur information a	oncerning this matter, please c		incama	
		oncerning this matter, piease c			
MONIC	CA LOPEZ		786 267-4792 at ()		
	Name of	l'Person	Area Code Daytin	ne Telephone Nur	nber
Enclosed	l is a check for th	e following amount:			
≣ \$25.	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi	D Filing Fee. ficate of Status & fied Copy onal copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	

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

3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H23000369710 3)

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000454323	16/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company "the designation "LLC" of the	obbreviation "L.L.C."
Enter new principal offices address, if applicable:	9460 FONTAINEBLEAU BLVD	www.
(Principal office address MUST BE A STREET ADDRESS)	APT 520	
Trincipal affice maints a rost bit A STREET ADDINGSO	MIAMI, FL 33172	
		65
Enter new mailing address, if applicable:	9460 FONTAINEBLEAU BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	APT 520	
	MIAMI, Fl. 33172	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new register ੱਧ
		C1
Name of New Registered Agent:		
New Registered Office Address:		
Testing of the state of the sta	Enter Florida street address	
	, Florida	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , 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:

(H23000369710 3)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LLOVERA DELGADO, ROBERT A	9460 FONTAINEBLEAU BLVD	
		APT 520	□ Remove
		MIAMI, FL 33172	
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Rепюче
			□Change

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If amending any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary:)
+	
	
Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 c does not meet the applicable statutory filing requirements, this date will not be listed as th
e record specities a delayed effective da d is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 18th	2023
Jacob	
<u></u>	
Sig	envirage of a member or authorized representative of a member
ROBERT A. LLOVERA D	DELGADO
	Typed or printed name of signee

Filing Fee: \$25.00