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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: Di	no R Consu	It've LLC ited Liability Ompany	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Terri	Bishop Name of Person	
	MCA_	Accounting Firm Company	
	12604	Ithaca Ave	
	Huds	SM FL 346 City/State and Zip Code of Small . O	567
	Tevi Bistofo	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	utl:	
Terri Name o	215hop i Person	at (<u>813)</u> <u>543</u> Area Code Daytin	660 8 ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C P.O. Box 632		Division of Col The Centre of 1	rporations
r.O. DOX 032	1	The Centre of 1	i arianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	107 WLU	iv as it now annears on	
(A)	Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liabi	lity Company v	were filed on $\frac{41}{}$	30 24 and assigned
Florida document number <u>L240020 28</u>	34		,
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liabi	lity company here:	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	•======================================	
B. If amending the registered agent and/or regi		ddress on our recor	ds, enter the name of the new registe
agent and/or the new registered office address h	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida si	reet 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 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 emending 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 Title Name Type of Action Address AMBR Anthony Riccio 34095 Astoria Cr Madd Wesley Chopel FL34545 □Change _____ □Remove □Add _____ □Remove _____ Change Remove _____ □Change □Remove _____ □Change

______ □Change

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`an effe	etive date is listed	er than the date of the date of the date must be specified.	cific and cannot be p	rior to date of filing o	r more than 90 days		
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		iyed effective date.	but not an effectiv	re time, at 12:01 a.i	n. on the earlier	of: (b) The 90th	day after the
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