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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

DD TRANSAMERICA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel Hernandez Name of Person Firm/Company 1401 Cortez Street Address Miami, FL 33134 City/State and Zip Code danielhernandez I 19@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Hernandez Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DD TRANSAMERICA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number L24000205175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
		23 0.23
		<i>C</i> .
		. <u>:</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u> -
		-
B. If amending the registered agent and/or registered of		ိုင္သာ
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	ie name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	Cny	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 David Deleon	David Deleon	951 BRICKELL AVE, #1011	= Add
		Miami, FL 33131	□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			Change
			
			Remove
			Change
			□Add
			□ Remove
			□Change

If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective date is listed, the da Note: If the date inserted in	an the date of filing:
he record specifies a delayed el ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 1	2024
	Signature of a member or authorized representative of a member
Daniel Hernandez	<u>,</u>