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(Requestor's Name)
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JUL 2 9 S. PRATHER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ash Hernan Name of Lim	der Realty ited Liability Company	-
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dashi	HEYNAN dez	<u></u>
	Dashilt	ernandez, LLC	<u></u>
	11582 SW	Village PKWY	PMB2012
	Port Saint	Lucil FL 346 City/State and Zip Code	187
	Dasha Da	shhernandez.c	O₩ lication)
For further information co	oncerning this matter, please ca	41:	
Dash Name of	Person	at (<u>305)</u> <u>342</u> - Area Code Daytime	- 7413 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

(Name of the Limited I	Jability Company as it now appears on our records.) Forida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{5/15/2024}{105}$.	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Dashi Herrande. The new name must be distinguishable and contain the words		oreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name</u> ere:	of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	Zin 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
			□Add
			□Remove
			□Change
			□Remove
			□ Change
		_	□Add
			□Remove
			□Change
		.	□Add
			□Remove
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			□Remove
			□Chanee

fective date, if other than the date of filing:				-	-		
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