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COVER LETTER

Divi	sion of Cor	porations		•	
end mær.	D INKANT	O 2018 LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		JACLYN VIVAS			
			Name of Person		
		D INKANTO 2018 LLC			
			Firm/Company		
		164 S. HAVERHILL ROZ	AD		
			Address		
		WEST PALM BEACH, F	1. 33415		
		-	City/State and Zip Code	,	دستا
		USTUEMPRESA@GMAII			: ~,
			to be used for future annual report notifi-	cation)	
For further in	formation c	oncerning this matter, please co	all:		لي.
JACLYN VI	VAS		305 5606166 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Reg Div P.O	ling Addres distration S Ision of C Box 632 lahassee, I	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Hahassee Street, Suite 810)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	<mark>l Liability Compa</mark> V Florida Lumned	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number L24000355215	bility Company	were filed on	6/2024	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	oility company her	<u>e</u> :	
NA				
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the des	signation "LLC" or the abh	reviation "L.L.C."
Enter new principal offices address, if applical	ble:	NA		
Principal office address MUST BE A STREET		NA	<u> </u>	
		NA		
Enter new mailing address, if applicable:		NA		·-1
Mailing address MAY BE A POST OFFICE B	OX)	NA		<u>,.⊸,</u>
	<u>,</u>	NA		
				• •
B. If amending the registered agent and/or reg		address on our rec	ords, <u>enter the name</u>	of the new regi
agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:	JHONDER CA	STAÑEDA		
New Registered Office Address:	121 N DIXIE F	НWY		
		Enter Florid	la street address	<u> </u>
	HALLANDAL	E BEACH	Florida <u>3300</u>)9
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

D INKANTO 2018 LLC

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.

Ghonder Castañeda

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JACLYN VIVAS	164 S. HAVERHILL ROAD	□Add
		WEST PALM BEACH, FL 33415	≣Remove
			□Change
MGR	JHONDER CASTAÑEDA	121 N DIXIE HWY	= Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
NA	NA	NA	🗀 Add
			□Remove
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NA	NA	NA	□Add
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			□ Change
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			□Change

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