L24000382918

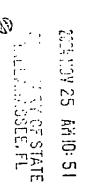
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COVER LETTER

	Registration Sec Division of Corp			
CHD IEC'	DFS FLORI	DA ĻLC		
SUBJEC'	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please rett	arn all correspon	dence concerning this matter	to the following:	
		ORTEGA, JANINA		
			Name of Person	
		DFS FLORIDA LLC		
			Firm/Company	
			Address	
		ORLANDO FL 32839		
		JANINA.ORTEGAB@GM	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report noti	fication)
For further	r information co	ncerning this matter, please ca	all:	
JANINA	ORTEGA		863 3317478 at ()	
	Name of	Person		e Telephone Number
Enclosed i	s a check for the	following amount:		•20
■ \$25.00	0 Filing Fee	□ \$30.00 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)
	<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	ES TO

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DFS FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{.08/30/2024}{...}$ and assigned Florida document number L24000382918 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" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	Address	Type of Action
AMBR	ROBERT VIERA CASTELLANO	5284 WELLINGTON PARK CIR A16	■ Add
		ORLANDO FL 32839	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□Change
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			□ Change
			Change Change
			FATE SZ Remove
			Change
	-		
			□Remove
			□ Change

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ective date, if other than the	he date of filing:	04/2024		(optional)		605.024
n effective date is listed, the date n te: If the date inserted in this	block does not meet th	e applicable statute				
rument's effective date on the	Department of State's	records.			:	
ecord specifies a delayed effect	tive date, but not an eff	ective time, at 12:0	I a.m. on the ear	lier of: (b) Th	e 90th da	
s filed.						OT Erg
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