117000067857

(Re	equestor's Name)	-
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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D. SCOTT MAY 9 2017

COVER LETTER

то:		stration Sec sion of Corp			
SUBJE		DG Miami I	LC		
20113124	C1		Name of Lim	ited Liability Company	
The encl	losed.	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	all correspor	ndence concerning this matter	to the following:	
			Dınitri Alan Gordon		
				Name of Person	
			DG Miami LLC		
				Firm/Company	
			2600 E Hallandale Beach I	Blvd #501	
				Address	
			Hallandale Beach, FL 3300	99	
			dgmiamillc@gmail.com	City/State and Zip Code	
				to be used for future annual report notification)	
For furth	her int	formation co	ncerning this matter, please ca	all:	
Dmitri A	Alan (Gordon		718 812-4444 at ()	78 T
		Name of	Person	Area Code Daytime Telephone	- F
Enclose	d is a	check for the	e following amount:		新星 宣
\$25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	O.00 Filing Fee, Certificate of Status & Concertified Copy
		MAILI	NG ADDRESS:	STREET/COURIER ADDR	ESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DG Miami 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 $\frac{03/24/2017}{}$ and assigned Florida document number $\frac{L17000067857}{}$.
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
Name of New Registered Agent:
New Registered Office Address:
New Registered Office Address: Enter Florida street 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 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>	<u>Name</u>	Address	Type of Action
MGR	Dmitry Kiselyov	2600 E. Hallandale Beach Blvd #5 01	
		Hallandale Beach, FL 33009	■ Remove
			□ Change
MGR	Dmitri Alan Gordon	2600 E. Hallandale Beach Blvd #50 1	
		Hallandale Beach, FL 33009	Remove
			Change
			□ Remove
			Change
			□ Add
			Remove To Change
			Change Ch
			Change
			Add
			Remove
			Change

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ive date, if other than if	the date of filing:	o date of filing or more than 90 days	o ptional) : after filing.) Pursuant to 605.
If the date inserted in this	s block does not meet the applica	ble statutory filing requirements	, this date will not be liste
nent's effective date on the	e Department of State's records.		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
cord specifies a dela e 90th day after the i	yed effective date, but not record is filed.	an effective time, at 12:0	
. Joen day arear error			0
May 3	2017		
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Page 3 of 3

Filing Fee: \$25.00