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Division of Corporations

Fax Number : (850)617-6383

From:

C

ö.

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone : (954)659-8835

Fax Number : (954)301-0417

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email Address: nogalservices@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D.A. COMMERCE GROUP, LLC

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T.G. 3121119

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

D.A. COMMERCE GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	(1
The Articles of Organization for this Limited Liability Company Florida document number L18000050550	were filed on 02/27/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9779 NW 10 TERRACE	28
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33172	9 MAR
Enter new mailing address, if applicable:	9779 NW 10 TERRACE	ROVEU ROVEU
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33172	- <u>cz</u> <u>e</u>
		14 F
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street addres	× ·
	, Flo	orida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	Ŀ	

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

⊙ 03/19/2019 3:01 PM

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

14154847068

<u>Title</u>	Name	Address	Type of Action
MGR	YENNY LEON DE SGHERZA	CALLE LA FINCA 84-A	= Add
		CASA # 94-60 LOS TALADROS	□ Remove
		VALENCIA, VENEZUELA	☐ Change
	***************************************		□ Add
			☐ Remove
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			□ Add
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			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Title MGR - GUARDA DE	LEON, ANA TERESA		 	
CALLE LA FINCA 84-A C	ASA 94-60 LOS TALADROS			
VALENCIA, VENEZUEL	\			
				
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to: If the date inserted in this nument's effective date on the	um he specific and exercit he prior to det block does not meet the applicable a Department of State's records. and affactive ciptus, but not an	e of filing or enors then 90 days after tatusory filing requirements, th	is date will not be I	listed as t
MARCH 19,	2019			
	e de Leoni Signature el a member es authorized	siprosentative el e member		-

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