L18000 249591

Office Use Only



400324491714

02/15/19--81024--018 *+25.00



Amind

FEB 2 1 2019

I ALBRITTON

COVER LETTER

811 5 1869	D.P.D. Inve	stment Group LLC					
SUBJECT	T:Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	irn all correspoi	ndence concerning this matter	to the following:				
		THAMARA PEREZ					
			Name of Person				
		TABADESA ASSOCIATI	ES INC				
			Firm/Company				
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: THAMARA PEREZ Name of Person TABADESA ASSOCIATES INC						
			Address				
		HIALEAH, FL 33012					
			City/State and Zip Code				
		•		<u>-</u> _			
		E-mail address: (t	to be used for future annual report notifi	cation)			
For further	r information co	oncerning this matter, please ca	all:				
ТНАМАЕ	RA PEREZ		_				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed i	s a check for th	e following amount:					
宣 \$25.0 0	Filing Fee		Certified Copy	Certificate of Status & Certified Copy			

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF 20

FIL	ED
FEB 15	PH 1: 24

D.P.D. Investment Group 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 Florida document number 1.18000249591		10/24/2018 and assigned
This amendment is submitted to amend the fo		
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	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		on our records, enter the name of the ne
	1001 EH LMORE	
New Registered Office Address:	1901 FILLMORE Enter F	lorida street address
	13/1107	The same of the sa
	HOLLYWOOD	Florida 33020

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
			□ Add
			□ Remove
			Change
			Remove
			Change
			
			Remove
			☐ Change
			
			Remove
		<u></u>	Change
	<u> </u>		
			Remove
			Change
			Add
			🗋 Remove
			Change

). If amending any other inform:	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
 		
	<u> </u>	
		
		 -
		
-		
. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	e date of filing:	t to 605.0207 () be listed as th
the record specifies a delaye The 90th day after the rec	ed effective date, but not an effective time, at 12:01 a.m. on the cord is filed.	earlier of:
Dated February 4	2019	
225		
	Signature of a member or authorized representative of a member	
Maximiliano Read		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00