L190000 89686

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(Address)	
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COVER LETTER

TOi	Registration Sec Division of Cor								
crin	DGE FLEX	, LLC							
SUBJECT: Name of Limited Liability Company									
The c	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.						
Please	e return all correspon	ndence concerning this matter	to the following:						
		DANIEL V. AFONSO							
		 	Name of Person						
			Firm/Company						
		15 FARRELL ROAD							
		NEWTOWN, CT 06470	Address						
		DANIEL@EPICCT.COM	City/State and Zip Code						
		E-mail address: (i	to be used for future annual report notif	ication)					
For fi	arther information co	oncerning this matter, please co	all:						
DAN	IEL V AFONSO		203 417-6110	·					
	Name of	Person	Area Code Daytimo	Telephone Number					
Enclo	sed is a check for th	e following amount:							
≘ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: 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 ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

(Name of the Limited Liability Company as it now appears on our records.)

DGE FLEX, LLC

The Articles of Organization for this Limited Liability Company were filed on 04/01/2019 and assigned Florida document number L19000089686 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:

New Registered Office Address: Enter Florida street address

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

Name of New 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 heing 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>	<u>Address</u>	Type of Action
MGR	SILVA, DIEGO D	8843 BEACON ISLES DRIVE, APT 208	
		TAMPA, FL 33615	
			☐ Remove
			Change
AMBR	OLIVEIRA, ERICA D	8843 BEACON ISLES DRIVE, APT 208	□ Add
		TAMPA, F1. 33615	
			Remove
			■ Change
			Remove
			Change
			D Add
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	04	/16/2019			
Note: If the date	other than the date of filing:	he applicable statut	iling or more than 90 d ory filing requireme	_(optional) ays after filing.) Pursuan nts, this date will not	a to 605.020 be listed a
the record spec The 90th da	fies a delayed effective date, after the record is filed.	but not an effe	ective time, at 1	2:01 a.m. on the	earlier (
Dated APRIL 16		19			
<u></u>					
	Signature of a memb	- A 1111	The street of a mounting		

Page 3 of 3

Filing Fee: \$25.00