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SECRETARY OF STATE
TALLAHASSEF FI

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## **COVER LETTER**

TO:	Registration Se Division of Cor			٠.
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SUBJI	DDG & G I E <b>CT:</b>	<u> </u>		•
		Name of Lin	nited Liability Company	·
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Deborah T. Baccan		
			Name of Person	
			Firm/Company	
		12320 Trailhead Drive		
			Address	
		Bradenton, FL 34211		
			City/State and Zip Code	<del></del>
		deborahbaccan@yahoo.con		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
Debora	ah T Baccan		813 625-3329 at ( )	
	Name of	Person		: Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>::</u>	Street Address:	

Registration Section
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 FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE DDG & G LLC The Articles of Organization for this Limited Liability Company were filed on January 12, 2022 and assigned Florida document number  $\underline{1.22000025673}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DDG and G LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address . Florida N/A Zip Code N/A City

## 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
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	Signature of	a member or autho	orized representative	of a member		