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COVER LETTER

	Registration Sec Division of Corp		·	
		earch Group		
SUBJECT	Γ;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please reti	ırn ail correspoi	ndence concerning this matter	to the following:	
		Michelle DeWeese		
			Name of Person	
		DSG, LLC		
			Firm/Company	
		2773 Amaranda Ct		
			Address	
		Naples, FL 34114		
			City/State and Zip Code	
		deweese4@hotmail.com	to be used for future annual report notil	ication)
For furthe	r information co	oncerning this matter, please c	•	
Michelle	DeWeese		937 409-0996	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed i	is a check for th	e following amount:		
□ \$25.0	0 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:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

DeWeese Search Group, LLC

36. (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 Con	mpany were filed on	$\frac{7}{23}$ and assigned
Florida document number		-
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
DSG, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
and the state of t	# 	
		
B. If amending the registered agent and/or registered o	office address on our record	s, enter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Marida	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent ar	nd avree to act in this canac	ity. I further goree to comply with
provisions of all statutes relative to the proper and cor		

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	Michelle DeWeese	2773 Amaranda Ct, Naples FL 34114	□Add
			≣Remove
			[] Change
MGR	Shawn DeWeese	2773 Amaranda Ct, Naples FL 34114	≣Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Remove
		□ Change	
		□Remove	
		□Change	
	-		□Add
			□Remove
			Change

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ffective date, if other than the data an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior to does not meet the application	able statutory filing requi	(optional) n 90 days after filing.) Pursuan frements, this date will not	t to 605,0207 (be listed as t
record specifies a delayed effective dalaries filed.	ate, but not an effective tir	me, at 12:01 a.m. on the o	earlier of: (b) The 90th da	ay after the
March 16	2024	_·		
Dated	2024 gnature of a member or autho		imber	

Filing Fee: \$25.00