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COVER LETTER

TO: Registration Sec Division of Corp		9 &	<i>;</i>
SUBJECT: D	16F INVESTMENT Name of Limit	TS LLC ited Liability Company	
The analogad Amillogae 6			
The enclosed Afficies of A	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>GABRIEL</u>	de Godon Name of Person	
	DGF TAVES	StMENTS, LLC Firm/Company	
	9611 SW	72nd Ct Address	
	PINECREST	FL 331516 City/State and Zip Code	
		1 @ Gmail. Com b be used for future annual réport notifie	cation)
For further information co	ncerning this matter, please ca		
CABRIEL Name of	de Galay Person	at (<u>408</u>) <u>930 - 2</u> Area Code Daytime	721\ Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

TO ARTICLES OF ORGANIZATION OF

(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on FEb2	uARy 1 2011 and assigned
Florida document number L 11 0000 13 210	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9611 SW	72nd court
(Principal office address MUST BE A STREET ADDRE	ESS) PINE CREST	72nd Court FL 33156
Enter new mailing address, if applicable:	SAME AS	ABOVE
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	Emer rioriaa sire	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	·
	mplete performance of my di ent as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is firm that the limited liability

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> □ Add □ Remove _ Add ☐ Remove _□ Add □ Remove □ Add ___ Remove _ Add ☐ Remove \triangleright

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