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| (Requestor's Name)                      |       |
| (Address)                               |       |
| (Address)                               |       |
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| (City/State/Zip/Phone #)                |       |
| PICK-UP WAIT MAIL                       |       |
| (Business Entity Name)                  |       |
| (Document Number)                       |       |
| Certified Copies Certificates of Status |       |
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| Special Instructions to Filing Officer: |       |
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## **COVER LETTER**

|                | fistration S<br>ision of Co |  |  | •  |
|----------------|-----------------------------|--|--|--|
| PROBLEM OFF.   | DV INVES                    | STMENT GROUP LLC                                   |  | Ψ.   |
| SUBJECT;       |                             | STMENT GROUP LLC Name of Lin                       | nited Liability Company  |  |
| The encloses   | Actiolog at                 | Amendment and fee(s) are sub-                      | ensited for Olive  |  |
|                |                             | ondence concerning this matter                     | -  |  |
| ricuse return  | an correspo                 | madence concerning his maner                       | to the following.  |  |
|                |                             | DIEGO F. PRADA                                     |  |  |
|                |                             |  | Name of Person   |  |
|                |                             | DV INVESTMENT GRO                                  | UP LLC   |  |
|                |                             |  | Firm/Company   |  |
|                |                             | 1800 N BAY SHORE DR                                | UNIT 2510  |  |
|                |                             |  | Address  |  |
|                |                             | MIAMI FL. 33023                                    |  |  |
|                |                             |  | City/State and Zip Code  |  |
|                |                             | Imprada@hotmail.com                                | to be used for future annual repo                                  |  |
| For further in | formation c                 | oncerning this matter, please o                    | ·  | ort notification)  |
|                |                             | -  |  |  |
| LUZ MARIN      |                             |  | 786 398 20<br>at ()<br>Area Code 1                                 | 46<br>   |
|                | Name o                      | l' Person  | Area Code I  | Daytime Telephone Number   |
| Enclosed is a  | check for th                | ne following amount:                               |  |  |
| ⊠ \$25.00 Fi   | ling Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status    | □ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | Registr                     | ING ADDRESS:<br>atton Section<br>n of Corporations | STREET/CO<br>Registration !<br>Division of C                       |  |

P.O. Box 6327 Tallahassee, FL 32314

Clitton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| DV INVESTMENT GROUP LLC   |   |  |                     |                 |
|---|---|--|---------------------|-----------------|
| ( <u>Name of the Lim</u>  | ited Liability Comp<br>(A Florida Limited | any as it now appears on our records.)<br>Liability Company) | -                   |                 |
| The Articles of Organization for this Limited I   | Liability Compan                          | y were filed on 03/08/2011                                   | and assign          | ed              |
| Florida document number L 10000075573   |   |  |                     |                 |
| This amendment is submitted to amend the fol  | lowing:                                   |  |                     |                 |
| A. If amending name, enter the new name of  | of the limited liab                       | bility company here:   |                     |                 |
| DV INVESTMENT GROUP OF FLORIDA LLC  |   |  |                     |                 |
| The new name must be distinguishable and contain the  | words "Limited Liab                       | ility Company," the designation "LLC" or the a               | bbreviation "L.L.C. | <del></del>     |
| Enter new principal offices address, if appli   |   | 20   | <u>u</u>            |                 |
| (Principal office address MUST BE A STREET ADDR)  |   | 1800 N. BAY SHORE DR   | - <del> </del>      | 77.75<br>E. a.  |
|   |   | MIAMI FL. 33032  | NOV .               | <u>교</u><br>유당· |
|   |   |  | -1                  |                 |
| Enter new mailing address, if applicable:   |   |  | PH                  | - 등록:<br>       |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>                               | 1800 N. BAY SHORE DR   | ပ္မ                 |                 |
|   |   | MIAMI FL. 33032  | 24                  | 7               |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address: | /or registered office address her         | <u>e</u> :   | the name of (       | the new         |
|   |   | Enter Florida street address                                 |                     | the ne          |
|   | MIAMI                                     | Florida <sup>336</sup>                                       | 032                 |                 |
|   |   | City   | Zip Code            |                 |
| New Registered Agent's Signature, if changing I   | 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 = N $AMBR = A$ | lanager<br>authorized Member |                                       |                |
|--------------------|------------------------------|---------------------------------------|----------------|
| <u>Title</u>       | Name                         | Address                               | Type of Action |
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| fective date, if other to<br>an effective date is listed, th<br>ote: If the date inserted | e date must be specifi<br>in this block does r | c and cannot be prion to the meet the application. | r to date of filing or me<br>cable statutory filing | (option:<br>ore than 90 days after fili<br>requirements, this day | ng 1 Pursuant to 605 020 |
| ocument's effective date  | on the Department                              | of State's records                                 | <b>i.</b>   |   |                          |
| record specifies a<br>The 90th day after  | delayed effectiv<br>the record is fil          | ve date, but no<br>ed.                             | ot an effective ti                                  | me, at 12:01 a.n  | n. on the earlier        |
| ited  |  | 2019   |   |   |                          |
|   | <u> </u>                                       | '  |   |   |                          |
|   |  | S:   |   |   |                          |
|   | <del></del>                                    |  | orized representative of                            | -   |                          |

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Filing Fee: \$25.00