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COVER LETTER

TO: Registration : Division of C				
	UGH LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Daniel J Pertica			
		Name of Person		
	DLC DOUGH LLC			
		Firm/Company		
	13049 SW 122 nd AV			
		Address		
	Miami FL 33186			
		City/State and Zip Code		
	E-mail address: (to be used for future annua	il report notificati	on)
For further information	concerning this matter, please c	all:		
Daniel Pertica			38-7755	
Name	of Person	at () Area Code	Daytime Tel	ephone Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr			Address:	
Registration Division of	i Section Corporations		ration Section on of Corpora	
P.O. Box 63			entre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEC DOUGH ELC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	ds.)	
The Articles of Organization for this Limited Liability Comparida document number L13000124918.	pany were filed on09/04/2013	<u> </u>	_ and assigned
his 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 I	Liability Company," the designation "LLC	C" or the abbres	viation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		200	20
		7.57	新工
nter new mailing address, if applicable:		7.	2
			>= [~]
Mailing address MAY BE A POST OFFICE BOX)			
			_
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, <u>enter</u>	the naire o	f the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre.	SS	
	,Fi	lorida	
	City		Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and address of each person <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgrm	Leandro Ismael Korn	_	□Add
		13049 SW 122nd Av. Miami FL 33186	■Remove
Mgrm	Carlos Balseiro		□Add
			=Remove
			☐ Change
			□ Add
			□Remove
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ective date, if other than the date of filing:			6	optional)		
effective date is listed, the date must be specific and cannot be pr			e than 90 days	after filing.) Pu		
te: If the date inserted in this block does not meet the app nument's effective date on the Department of State's recon-	ds.	utory tinng	requirements	i, this date wi	i not be	nstea
cord specifies a delayed effective date, but not an effective s filed.	e time, at 1	2:01 a.m. on	the earlier of	of: (b) The 9	0th day	after t
January 15 2020	/					
	11-	/				
A. C.	///					
Signature of a member 4	Sur L	vesontative of	a member			-

Filing Fee: \$25.00