L14000057791

| (Re | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bt | usiness Entity Nam | ne) |
| (De | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| SUBJE | | ments, LLC | | |
| SUBJE | C1 | Name of Lim | ited Liability Company | |
| The enc | losed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Vivian A. Jaime | | |
| | | | Name of Person | |
| | | Ritter, Zaretsky, Lieber & | Jaime, LLP | |
| | | | Firm/Company | |
| | | 2800 Biscayne Blvd., Suite | : 500 | |
| | | | Address | |
| | | Miami, FL 33137 | | |
| | | | City/State and Zip Code | |
| | | vivian@rzllaw.com | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furtl | her information co | oncerning this matter, please ca | all: | |
| V | Wian | A. Jaime | 305 372-0933 | |
| | Name of | ·· | Area Code Daytime | : Telephone Number |
| Enclose | d is a check for th | ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S Division of C | Section | Street Address: Registration Sec Division of Corp | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DGZ INVESTMENTS, LLC

| The Articles of Organization for this Limited Liability Colorida document number L14000057791 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited to a second coloridates. | hited liabil | | and assigned |
|---|-------------------------------|--|--------------------------------------|
| | | lity company here: | |
| . If amending name, enter the new name of the lim | | lity company here: | |
| | | | |
| he new name must be distinguishable and contain the words "Lim | nited Liabilit | ty Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 17301 Biscayne Blvd., Unit 1905 | |
| (Principal office address MUST BE A STREET ADDRESS) | | Aventura, FL 33160 | |
| | | 17201 Disgrama Blud. I | Inir 1905 |
| nter new mailing address, if applicable: | | 17301 Biscayne Blvd., Unit 1905 Aventura, FL 33160 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Aventura, F.C. 55100 | |
| 3. If amending the registered agent and/or registered gent and/or the new registered office address here: | d office ac Y CONDO | | enter the name of the new regis |
| Name of New Registered Agent. | | | |
| New Registered Office Address: 17301 | Biscayne l | Blvd., Unit 1905 | address - |
| | | Enter Florida street | 1,00 |
| Avento | ura | | , Florida 33160 |
| | | City | Zip Code |
| ew Registered Agent's Signature, if changing Registered | d Agent: | | -Co |

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.

Manager Manager

Manager

Manager

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 |
|--------------|------------------|--|---|
| AMBR | ANDY CONDOS, LLC | 17301 Biscayne Blvd., Unit 1905, Aventura, FL 33 | 60 |
| | | | □Remove |
| | | | □Change |
| AMBR | Dailyn Gonzalez | | □Add |
| | | | Remove |
| | | | □Change |
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| ective date, if other than the dat | te of filing: | (optional) |
| | | or more than 90 days after filing.) Pursuant to 605.020 Tling requirements, this date will not be listed a |
| rument's effective date on the Depar | | |
| | | |
| cord specifies a delayed effective da s filed. | te, but not an effective time, at 12:01 a. | m, on the earlier of: (b) The 90th day after the |
| , | | |
| ed July 9 | 2021 | |
| () | 000r | |
| | JUHCE nature of a member or authorized representa | tive of a member |
| Sign | | <i>ં</i> ? |
| | Typed or printed name of signo | |

RESIGNATION

I, Dailyn Gonzalez, hereby resign as Manager, Authorized Member and/or any other authorized representative and/or managerial capacity of DGZ INVESTMENTS, LLC, a Florida limited liability company, effective the date written below.

(B) (S) (A) (B) (S) (S)

Dailyn Gonzalez

Date: July 8 , 2021