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Office Use Only



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Cover Ledter

RE: Miami DLG Traving LLC

Return Address: Rodrigo Duarte 1098 SW 137 Place Niami, FL 33184

Tel: 786-383-2888

Inlowing: \$ 25.00 Filing Fee.

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Mia	mi DLG Tra Name of Limi	Ding LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Rodrig	O Durte Name of Person	
		Firm/Company	
	1098 SW	137 Place	
	Miani, F	City/State and Zip Code Our te Q Ala 1 o be used for future annual report notific	YADE
For further information cond	cerning this matter, please ca		
Rodrigo Wame of Po	Durte	at (<u>706</u>) <u>383-2</u> Area Code Daytime	-888 Telephone 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 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION JUL 29 PM 2: 41 OF

	Or		SSEE PLONIDA
(Name of the Limited Liability (A Florida	Y Company as it not Limited Liability Co	Vappears on our record	
The Articles of Organization for this Limited Liability Co	ompany were file	1 on February 19	1, 2015 and assigned
Florida document number <u>L15 0000 31414</u>	<u>_</u> ·	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability com	pany here:	
NA			
The new name must be distinguishable and contain the words "Limi	ited Liability Compar	y," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n //n	
(Principal office address MUST BE A STREET ADDR	<u>'ESS)</u>	/\//+	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our record	s, enter the name of the nev
Name of New Registered Agent:		NIA	
New Registered Office Address:	 	MA Enter Florida street addres	Fr.
	1		
	City	, F1	oridaZip Code
	eny.		Zip Conc

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 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
AR	Justina Duarte	1098 SW 137 Place, Minni, FL,	33164 □ Add
			Remove
			☑ Change
MGP	Morten Nyguard	1098 SW 137 Place, Miami, FL.	33184 G Add
			□ Remove
			☐ Change
			□ Add
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		<u></u>	Add
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Note: If the d	te, if other than ate is listed, the dat date inserted in the frective date on the	te must be specif his block does	ne and cannot not meet the	be prior to dat applicable s	e of filfng or m	ore than 90 days	optional) after filing.) Purs , this date will	suant to 605.0207 (not be listed as t
	pecifies a del day after the			out not an	effective t	ime, at 12:	01 a.m. on t	the earlier of:
Dated	July 25	,		15. N				

Page 3 of 3

Filing Fee: \$25.00