L15000077471

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C. GOLDEN
JUN 2 1 2019

COVER LETTER

DVCOM Limited Liability Company SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy M. Shippee Name of Person Hathaway & Reynolds, PLLC Firm/Company 50 ATA North, Suite 108 Address Ponte Vedra Beach, FL 32082 City/State and Zip Code mpguthrie@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Timothy Shippee Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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TO:

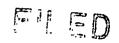
Registration Section Division of Corporations

> 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 TO ARTICLES OF ORGANIZATION **OF**



2019 JUN -5 PM 6::

DVCOM Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A Florida Limited	Liability Company)	Brand SEE, FI	
The Articles of Organization for this Limited Liability Company were filed on May 1, 2015 Florida document number L15000077471				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	1870 Challen Avenue		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32205		
		Jacksonville, Fl. 32205		
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the nev	
Name of New Registered Agent:	Michael Guthri	e		
New Registered Office Address:	1870 Challen A	Avenue		
	· <u></u>	Enter Florida stre	vet address	
	Jacksonville		Florida 32205	
		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.

> Sign Here

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Guthrie	1870 Challen Avenue	- 144
		Jacksonville, FL 32205	
			□ Remove
			Change
MGR Zeev Goldenberg	Zeev Goldenberg	2069 SW 31st Avenue	П
		Hallandale, FL 33009	Add
			■ Remove
			Change
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			Remove
			□ Change
			□ Add
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			Change
			
			□ Remove
			☐ Change
			D Add
			Remove
			Change

Effective date, if other than the date of filing:	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
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ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	to 605,0207 be listed as
The 90th day after the record is filed.	earlier of
Dated June 3	
Signature of a member or authorized representative of a member	
M I / / M	

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Filing Fee: \$25.00