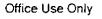
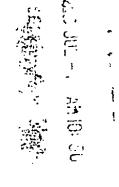


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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07/01/19--01024--004 ++25.0





COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---------------|------------------------------------|--|---|---|
| CHDIE | DVCOM, I | | | |
| SUBJE | СТ: | | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | ZEEV GOLDENBERG | | |
| | | DVCOM, LLC | Name of Person | |
| | | 2069 SW 31ST AVE | Firm/Company | |
| | | DORAL, FL 33009 | Address | |
| | | DVCOMLLC@GMAIL.CO | | |
| For furi | her information c | E-mail address: (oncerning this matter, please c | to be used for future annual report not all: | ofication) |
| | GOLDENBERG | , meeting and manier, pressive e | 561 303-9663 | |
| | Name o | f Person | | ne Telephone Number |
| Enclose | d is a check for tl | ie 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) |
| | Registr | ING ADDRESS: ration Section | STREET/COUR Registration Secti Division of Corne | on |

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DVCOM. LLC | | | 秦星 |
|---|--|---|-----------------------|
| (Name of the Lim | ited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited I | | were filed on05/01/2015 | and assign |
| This amendment is submitted to amend the following | llowing: | | |
| A. If amending name, enter the new name | of the limited liabil | lity company here: | |
| | | | |
| The new name must be distinguishable and contain the | words "Limited Liabili | • | abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | 2069 SW 31ST AVE | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | HALLANDALE, FL 33009 | |
| Enter new mailing address, if applicable: | | 2069 SW 31ST AVE | |
| (Mailing address MAY BE A POST OFFICE | <u> ΒΟΧ)</u> | | |
| | | HALLANDALE, FL 33009 | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | | : IBERG | er the name of the |
| | HALLANDALE | Florida | 33009 |

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 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bei or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of A |
|--------------|-----------------|------------------------|-----------|
| MGR | MICHAEL GUTHRIE | 1870 CHALLEN AVE | _ |
| | | JACKSONVILLE, FL 32205 | |
| | | | ■ Remove |
| | | | Change |
| MGR | ZEEV GOLDENBERG | 2069 SW 31ST AVE | |
| | | HALLANDALE, FL 33009 | |
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| (If an effecti <u>Note:</u> If t | date, if other than the date of filing: |
| f the recor b) The 90 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed. |
| Dated | 06/27/ |
| | |
| | Signature of a member of authorized representative of a member |
| | ZEEV GOLDENBERG |
| | acc (N/CDCNDCIN) |

Page 3 of 3

Filing Fee: \$25.00