

L17000018533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 21 2023



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09/05/23--01045--014 \*\*60.00

SEP 21 2023  
10:00 AM  
FILING OFFICE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Dow Group LLC  
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:

Ernesto Mandowsky  
Name of Person  
The Dow Group LLC  
Firm/Company  
302 NE 211 Terrace  
Address  
North Miami Beach FL 33179  
City/State and Zip Code  
ernesto@cpdadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernesto Mandowsky at ( 305 ) 606-6948  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

*This one* ↘

- \$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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Dow Group LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/24/2017 and assigned Florida document number L17000018533.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Dow Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2980 NE 207<sup>th</sup> St #300  
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2980 NE 207<sup>th</sup> St #300  
Aventura, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ernesto Mandowsky

New Registered Office Address:

2980 NE 207<sup>th</sup> St #300

*Enter Florida street address*

Aventura, Florida 33180  
*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 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

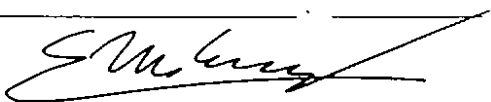
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ernesto Mandowsky	302 NE 211th	<input type="checkbox"/> Add
		<del>North Miami Beach, FL 33175</del>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ernesto Mandowsky	2980 NE 207th St #300	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adjust Article III to say the following:  
Provide business systems training and implementation  
advisory services

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If 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.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_  


Signature of a member or authorized representative of a member

Ernesto Mandowsky

Typed or printed name of signee