11800036614

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COVER LETTER

DGEM INT	VESTMENTS LLC	·•					
NOBILET.	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		FRANCY JOHNSON NINO					
		Name of Person					
	ı	OGEM INVESTMENTS LLC					
	Firm/Company						
	17180 ROYAL PALM BLVD STE 3						
	Address						
	WESTON, FL 33326						
	City/State and Zip Code jnino@assetsleader.com						
	E-mail address: (to be used for future annual report notifi	cution)				
For further information c	concerning this matter, please c	aH;					
FRANCY.	IOHNSON NINO	954 505 0222					
Name of Person		at () Area Code Daytime	Telephone Number				
Enclosed is a check for t	he 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 radditional copy is enclosed:				

MAILING ADDRESS:

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

DGEM INVEST	FMENTS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000036614</u> .	were filed on February 9, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab			
Enter new principal offices address, if applicable:	17180 ROYAL PALM BLVD STE 3		
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33326		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the-ne	
	_	نڌ	
Name of New Registered Agent:		. 0	
New Registered Office Address:			
	Enter Florida street address , Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and .	I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGR	FRANCY JOHNSON NINO	17180 ROYAL PALM BLVD STE 3, WESTON, FL 33326	= Add
			Remove
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the app	licable statutory f	(option or more than 90 days after thing requirements, this	onal) filing.) Pursuant to 605.0207 (date will not be listed as
he record specifies a delayed of The 90th day after the recor		not an effectiv	e time, at 12:01 a	i.m. on the earlier of
	2018	/		
Dated November 02				

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Filing Fee: \$25.00