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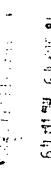
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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JUN 2 0 2018

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	DGVE Name of Lim	ST, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Danie	yis Milar	7
	_	Name of Person ST, LLC Firm Company	
		Firm Company Treasure S Address	r. Ph 102
		City State and Zip Cody	
	agvest L E-mail address;	LC @ amail. to be used for future durmal report notif	COM
For further information of	oncerning this matter, please or	all:	
Daniey	is Milan	at (<u>305)</u> <u>469</u> - Area Code Daytine	-2043 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 cadditional copy is enclosed?
M . II	IV/C ADDDCCC.	ethe ety and in	PR ANNERS.

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 TO ARTICLES OF ORGANIZATION

DGVEST, LLC

- Carrier Charles Charles Company	10	
(<u>Same of the [Amited Liability Company as</u> (A Florida Limited Liabil	its Company)	
The Articles of Organization for this Limited Liability Company were Florida document numberL_18000132245	: filed on May 29th, 2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	supany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
New Negation Office / Migration	Enter Florida street address	
	. Florida	
1	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perf accept the obligations of my position as registered agent as provi- being filed to merely reflect a change in the registered office addi- company has been notified in writing of this change.	ormance of my duties, and I am familiar with and ded for in Chapter 605, F.S. Or, if this document is	

Page 1 of 3

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 Type of Action <u>Title</u> <u>Name</u> Dir. Danieyis Milan 7601 E. Treasure Dr. Add PH 10-2 - Remove

North Bay Village To 33141 - Change □ Add □ Remove □ Change _□ ∧dd □ Remove _□ Change _□ Add _□ Remove _□ Change □ Add _🗆 Remove _ Change _□ Add

☐ Remove

_□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
•		
<u> </u>		
·		
		
Effective date, if other than the date of filing: (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.		
	- je -	ട്ടാ ച
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.		nie nie
Dated June 16 2018	4. 	மூ
M. allhi		
Signalore of a member or authorized representative of a member	7 (1) 17 (1) 17 (1)	913

Page 3 of 3

Filing Fee: \$25.00