

218000261193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

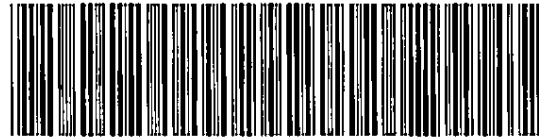
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2019 MAY 14 PM 3:23

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Amend/Name
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MAY 29 2019
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRUPO TOVARDDVL, 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:

EDGAR TOVAR

Name of Person

GRUPO TOVARDDVL, LLC

Firm/Company

10386 NW 30 TERRACE

Address

DORAL, FL 33172

City/State and Zip Code

toward.edgar@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR TOVAR

786

862-0594

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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
OF**

GRUPO TOVARDDVL, LLC

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

2019 NOV 14 PM 3:23

The Articles of Organization for this Limited Liability Company were filed on 11/07/2018 and assigned
Florida document number L18000261193.

This amendment is submitted to amend the following:

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

DESIGNS & ARCHITECTS GRUPO DVL 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:

10386 NW 30 TERRACE

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

Enter new mailing address, if applicable:

10386 NW 30 TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33172

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: DE VASCONCELOS, CAROLINA

New Registered Office Address: 10386 NW 30 TERRACE

Enter Florida street address

DORAL

City

Florida 33172

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.

Carolina V.

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>
AMBR	DE VASCONCELOS, CAROLINA	10386 NW 30 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOVAR, EDGAR A	10386 NW 30 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE VASCONCELOS, CAROLINA	10386 NW 30 TERRACE	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOVAR, EDGAR A	10386 NW 30 TERRACE	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated APRIL 29TH 2019

Typed or printed name of signee