# 118000291934

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300325099673

82/22/19--01026--024 \*\*25.00

STANDART FLORES

C MCNAIR

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	775	hited Liability Company	CALL AHASSES TLUS	2019 FED CE
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	en e	
Please return all correspo	ondence concerning this matter	to the following:		() () ()
	Dominick	FZORIO Name of Person		-
	∆BB0	G, LLC Firm/Company		
		Wast RivierA &		
	OviEdo	FC, 32765- City/State and Zip Code Q JAKOO. COM (to be used for future annual report notif		
	B-mail address:	(10 be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Dominick F	Tor-'O	at ( <u>321</u> ) <u>377-</u> Area Code Daytime	Cocy	
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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallabarran, El. 22211

P.O. Box 6327 Clifton Tallahassee, FL 32314 2661 Ex

### 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

DRRG.LLC				製品。
DBBG, LLC Name of the Limited Liab	bility Company aida Limited Lia	y as it now appears on our ability Company)	records.)	3
The Articles of Organization for this Limited Liability	y Company w	were filed on $12/2$	0/2018	and assigned
Florida document number <u>L1800029193</u>	<u> </u>			30
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	<u>imited liabili</u>	ity company here:		
The new name must be distinguishable and contain the words "I	Limited Liability	y Company," the designation	in "LLC" or the abbi	reviation "L.L.C "
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ce address on our r	ecords, <u>enter t</u> l	ne name of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	,	Enter Florida stree	t address	
		Circ	Florida	Zıp 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
MR.	Dominick Floris	106+ West Riviern Blue	/_ D Add
		Oviedo Fl, 32765	□ Remove
		MBR.	Change
<u>M5.</u>	BibiANA FLORIO	1068 West River Blue	<u>∕.</u> □ Add
		Oviedo Fl. 32765	□ Remove
		AMBR	Change
		-	
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change
		<del></del>	□ Remove
			🗆 Change
			D Add
		<del></del>	□ Remove

\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
	_
	_
	<del>_</del>
	_
	_
	_
	_
	_
	_
E. Effective date, if other than the date of filing:	605.0207 (3) listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early). The 90th day after the record is filed.	rlier of:
Dated 2/21/200 . 2999.	
Edeth	
Signature of a member or authorized representative of a member	
Bibinea Florice Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00