

418000291934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

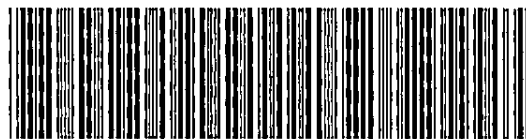
(Business Entity Name)

(Document Number)

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02/22/19--01026--024 \*\*25.00

2019 FEB 22 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

FEB 28 2019  
C. McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

DBBG, LLC  
Name of Limited Liability Company

2019 FEB 22 AM 10:41  
3-22-19 MAIL ROOM  
CALL MARGIE L. 1080

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dominick Florio

Name of Person

DBBG, LLC

Firm/Company

1068, West Riviera Blvd.

Address

Oviedo FL 32765

City/State and Zip Code

DBBGLLC@YAHOO.COM

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

For further information concerning this matter, please call:

Dominick Florio

Name of Person

at ( 321 ) 377-4045

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

and assigned:

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

Florida document number L18000291934

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

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_, Florida \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Page 1 of 3

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

| Title | Name            | Address                 | Type of Action                             |
|-------|-----------------|-------------------------|--|
| MR.   | Dominick Florio | 1068 West Riviera Blvd. | <input checked="" type="checkbox"/> Add    |
|       |                 | Oviedo FL, 32765        | <input type="checkbox"/> Remove            |
|       |                 | MGR.                    | <input type="checkbox"/> Change            |
| MS.   | Bibianna Florio | 1068 West Riviera Blvd. | <input type="checkbox"/> Add               |
|       |                 | Oviedo FL 32765         | <input type="checkbox"/> Remove            |
|       |                 | AMBR                    | <input checked="" type="checkbox"/> Change |
|       |                 |                         | <input type="checkbox"/> Add               |
|       |                 |                         | <input type="checkbox"/> Remove            |
|       |                 |                         | <input type="checkbox"/> Change            |
|       |                 |                         | <input type="checkbox"/> Add               |
|       |                 |                         | <input type="checkbox"/> Remove            |
|       |                 |                         | <input type="checkbox"/> Change            |
|       |                 |                         | <input type="checkbox"/> Add               |
|       |                 |                         | <input type="checkbox"/> Remove            |
|       |                 |                         | <input type="checkbox"/> Change            |
|       |                 |                         | <input type="checkbox"/> Add               |
|       |                 |                         | <input type="checkbox"/> Remove            |
|       |                 |                         | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 2/21/2009, 2009

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Bibina Florie

Typed or printed name of signee