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COVER LETTER

TO:	Registration Se Division of Cor			
		Services Group LLC		
SUBJE	CT:			<u> </u>
		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please r	return all correspo	ndence concerning this matter t	o the following:	
		Raul M. Saenz, CPA		
		Saenz & Associates CPA s	Name of Person	
		- Such a residence of the	Firm/Company	
		6405 NW 36th Street Suite	, -	
		Miami, FI 33166	Address	
		raul.saenz@cpasconsultant	City/State and Zip Code s.com	
		E-mail address: (t	o be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please ca	H:	
Raul N	M. Saenz		305 796-9600	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊡ \$25	5.00 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 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building

TO ARTICLES OF ORGANIZATION OF

Diversified Service Group LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company (£19000168966).	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2019 SEL
		AHA LI 9
Enter new mailing address, if applicable:		C/)
Mailing address MAY BE A POST OFFICE BOX)		
Matting dualess MAT DE ATOST OFFICE BOAT	/#	75 6
	=1117 F2-117	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BUCH MCGOVERN	6180 Federal Ct Naples, Fl. 33905	Add
			■ Remove
			□ Change
MGR	BERNARD F. MC GOVERN	5150 Fairfield Drive Ft. Myers, FL33919	■ Adđ
		****	☐ Remove
			Change
			
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
	·		☐ Remove
			🗀 Change

July 15, 2019 E. Effective date, if other than the date of filing: (optional)
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)(1) 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.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
July 15, 2019
Dated
Signature of authorized representative of a member
Christopher Gehring
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00