2024925

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone

: (954)842-2931

Fax Number

: (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DGF DIVERSIFICATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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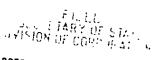
Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	gistration Ser ision of Corp					
	DGF DIVERSIFICATION, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	i Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	ali correspo	ndence concerning this matter	to the following:			
		DISON, EUGENE				
			Name of Person			
		DGF DIVERSIFICATION	I, LLC			
Fi			Firm/Company			
		15807 BISCAYNE BLVD	#213			
			Address	-		
NORTH MIAMI BEACH, FL 33160						
			City/State and Zip Code			
		eugenedison@hotmail.com	to be used for future annual report notif	fication)		
For further is	nformation co	oncerning this matter, please co				
DISON, EU						
	Name of	Person	at () 257-866↔ Area Code Daytime	e Telephone Number		
Enclosed is a	a check for th	e following amount:				
≡ \$25.00 }		S30.00 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 Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 NOV -9 AM 11: 27

DGF DIVERSIFICATION, LLC	any as it now appears on our records.)	
(A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000244925	were filed on 10/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	11 L C'll and	ata abbassission of 1 C ?
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	THE BUOLEVIEWOR D.D.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 QFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	
	. Florie	da
,	Circ	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.

City

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>	Name	Address	Type of Action
MGR	TYMOFIICHUK, TETIANA	15807 BISCAYNE BLVD #213	= Add
		NORTH MIAMI BEACH, FL 33160	□Remove
			□Add
			□Remove
			Change
			∐Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change :

). If amending any other infor	mation, enter change(s) here:	(Attach additional sheets, if necessary.) OF SERVING ALL
		2022 NOV -9 -4H11: 27
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<u></u>		
7700 J.	مدر مراجع المارية	(optional)
Note: If the date inserted in thi	must be enscific and cannot be prior to (date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), le statutory filing requirements, this date will not be listed as the
the record specifies a delayed effectord is filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	, 2022	
	Cingens Dison Signature of a member or authorize	ed representative of a member
DISON, EUGENE		
	Typed or printed t	name of signee

. . . .

Filing Fee: \$25.00