## L20000 145523

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DIXICCOPITAL COM, 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:	
JUSTIN ZEIG Name of Person	
Zeig Law Firm, PLLC	
3475 Sheridan Street, #310	
HONYWOOD, FL 33021 City/State and Zip Code	
CITIK AZUIAY 3000 YANOC. COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JUSTIN 2019  at (754) 217-3084  Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2018 m 18 AH 10: 30 DIVIPEADITAL COM LLC

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000145523</u> .	were filed on5	28 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.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 OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	rds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	Čity	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	ир слас
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cape performance of my provided for in Chap	duties, and I am familiar with and neter 605, F.S. Or, if this document is

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
AMBR	EliHarel	48 s service Rd	□Add
		Melville NY 11747	Remove
			□Change
AMBR	<u>Avraham Azoul</u> ay	1030 Daramouth Lane	🗆 Add
		woodmere, NY 11598	XRemove
			□Change
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If an ef Note:	ive date, if other than the date of filing:
e reco ord is f	ed 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 led.
Dated	August 17 . acac .
	Signature of a member or authorized representative of a member
	Signature of a manage of particular containment of a member
	Typed or printed name of signee

Filing Fee: \$25.00