## L20002110300

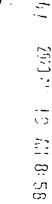
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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C. GOLDEN AUG 2 0 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KOHLI DDGM, LLC				
,,,				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
			<del></del>	RA Resignation
				Dissolution / Withdrawal
			<del></del>	Annual Report / Reinstatement
				Сеп. Сору
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<del></del>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<del></del>	Fictitious Search
Signature		·		Fictitious Owner Search
-				Vehicle Search
	<del></del> <del></del> ·			Driving Record
Requested by: Seth				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
	Duic	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

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

	DDGM, LLC		1 10 77 8:50
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	July 23, 2020	and assigned
Florida document number L20000216300			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>ге</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	975 North Highw	vay 27	
Principal office address MUST BE A STREET ADDRESS)	Minneola, FL 34	715	
	<del></del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
<ol> <li>If amending the registered agent and/or registered office a gent and/or the new registered office address here:</li> </ol>	nddress on our re	cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floric	la street address	
	City	Florida	
cw Registered Agent's Signature, if changing Registered Agent:	Ciù.		Zip Code

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
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		, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date If an effective dat Note: If the da document's eff	e, if other than the date of the is listed, the date must be spec- ate inserted in this block doc fective date on the Department	of filing:(optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ces not meet the applicable statutory filing requirements, this date will not be listed as then of State's records.
c record specifi rd is filed.	es a delayed effective date, l	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 19	2020
		¥.V_
<del></del>	Signatur	ire of a member or authorized representative of a member
		Deepak Kohli, Manager
<del>-</del>		Typed or printed name of signee

Filing Fee: \$25.00