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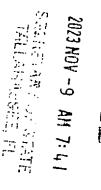
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	DG 4200 L	LC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Erick Puentes		
			Name of Person	
		DG 4200 LLC		
			Firm/Company	
		4892 NW 107th PL		
			Address	
		Doral FL 33178		
			City/State and Zip Code	
		onlinebg01@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
Erick Puent	ies		786 261-7304	
_	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address: Registration Se	ection
		orporations	Division of Co	
	O. Box 632		The Centre of	
Та	illahassee, l	L 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 1: LED

2023 NOV -9 AM 7: 41

DG 4200 LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (SELECTION ASSET, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{10/23/2020}{10/23/2020}$ ____ and assigned Florida document number ______L20000337347 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:	Enter Florida street ad	
	ther vioriaa street aac	
	City	Florida

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 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

2023 NOV -9 AM 7:41

<u>Title</u>	Name	Address SERRE ART OF STATE	Type of Action
AMBR	ERICK PUENTES	4892 NW 107th PLEASE FL	≣Add
		Doral FL 33178	□Remove
			□Change
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			□Change
		····	□Add
			🗆 Remove
			Change

	2023 NOV -9 AM 7: 4 I
	SECRETARY OF STATE
	TALLAHASBEE, FL
Tecfive date, if other than the date of filing: an effective date is listed, the date must be specific and cann	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as a records.
record specifies a delayed effective date, but not an e is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ared Movember 06.	1075
<u> </u>	per or authorized representative of a member

Filing Fee: \$25.00