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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DG Pro Solutions 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:	
Alex Greco Name of Person	
DG Pro Solutions LLC Firm/Company	
3027 NW 6th Ave	
Cape Coral Florida 3.399.3 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alex Greco at (239) 770 - 4912 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ Certified Copy (additional copy is enclosed)	

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**

DG Pro Solutions LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on $12 - 14 - 2020$ and assigned				
Florida document number <u>L20000388092</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2816 Del Prado Blvd S.			
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, Florida 33904			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28/10 Del Prado Blva 3304			
	Duite # 1			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registere			
Name of New Registered Agent:	Alex D. Greco			
New Registered Office Address:	816 Del Prado Blvd. S.			
Car	De Coy al Florida 33904 Zip Code			
New Registered Agent's Signature, if changing Registered Age	nt:			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tony Perez	2816 Del Prado Blud S) . XIAdd
	J	2816 Del Prado Blud S Cape Coral, Florida 3	Remove
		Suite # 1	□ Change
			🗆 Add
			□Remove
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date, if other than the date of filing: re date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requ s effective date on the Department of State's records.	
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ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
1-5-2021	
Signature of a member or authorized representative of a n	nember
Alex D. Greco Typed or printed name of signee	