121000035645

(Requestor's Name)	
(Address)	5003719
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/23/2101013
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Tallahassee, FL 32314

TO:	Registration Division of C		. ,	
ensue/		E GROUP LLC		•
SUBJEC	LI:	Name of Lin	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Jovens Degage		
			Name of Person	, <u></u>
		Degage Group LLc		
			Firm/Company	
		16850 collins Ave 112-58	2	
			Address	
		Sunny Isles Beach, FL		
			City/State and Zip Code	
		Onedegagegrouplic@yahoo		_
For furth	er information	n concerning this matter, please c	to be used for future annual report noti all:	fication)
Jovens I	Degage		305 849-9102	
	Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for	the following amount		
≡ \$ 25.9	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)
	Mailing Addr Registration		Street Address:	••:-··
	_	Corporations	Registration Sec Division of Cor	
	P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(ATI	ability Compa orida Limited	ny as it new appears o Liability Company)	<u>vour records.</u>)	
The Articles of Organization for this Limited Liabili Florida document number L21000035645				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here		
One Degage Group LLC				
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	:	16850 Collins Ave	112-582	
Principal office address MUST BE A STREET AL	DDRESS)	Sunny Isles Beach, FL 33160		
Enter new mailing address, if applicable:		16850 Collins Ave	112-582	
Mailing address MAY BE A POST OFFICE BOX	A	Sunny Isles Beach, FL 33160		
Mulang dadress MAT BE A POST OFFICE BOX	7			
B. If amending the registered agent and/or regist agent and/or the new registered office address he	- lered office :	address on our reco		
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent: Journal of New Registered Agent:	ler e d office : <u>re</u> :	address on our reco		
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	lered office a re: ovens Degage	address on our reco	rds, enter the name of the new registe	
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	lered office a re: ovens Degage	Ave 112-582 Enter Florida	rds, enter the name of the new registe	
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: See Sec.	tered office a re: ovens Degage 6850 Collins a unny Isles Be	Ave 112-582 Enter Florida ach	rds, enter the name of the new registe	
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	tered office a re: ovens Degage 6850 Collins a unny Isles Be	Ave 112-582 Enter Florida ach	rds, enter the name of the new registe street address Florida 33160	

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
			□Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date must er. If the date inserted in this bi	t be specific and ca ock does not mee	nnot be prior to d t the applicable	ate of filing or more	than 90 days after fi	ling.) Pursuant to 605 02
ument's effective date on the D	epartment of Stat	e's records	, maiotay mile .	equirements, uns	iate will hot be fisted
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cord specifies a delayed effective sfiled.	e date, but not an	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
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ed August, 18		2021			
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	Signature of a men		<u></u>		

Filing Fee: \$25.00