

11/29/22, 1:46 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000401966 3)))



H220004019663ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6333

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

2022 NOV 29 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOP - LAGUR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. BRUMBLEY
NOV 30 2022

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000401966 3

DOP - LAGUR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 NOV 29 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

The Articles of Organization for this Limited Liability Company were filed on 02/08/2021 and assigned

Florida document number L21000067094

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:

21133 NW 14TH PLACE #159

(Principal office address MUST BE A STREET ADDRESS)

MIAMI GARDENS, FL 33169

Enter new mailing address, if applicable:

21133 NW 14TH PLACE #159

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI GARDENS, FL 33169

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

H22000401966 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000401966 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PINZON, DIANA P	21133 NW 14TH PLACE #159	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PINZON, OSCAR	21133 NW 14TH PLACE #159	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000401966 3

1122000401966 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 15TH, 2022.

Signature of a member or authorized representative of a member

PINZON, DIANA P

Typed or printed name of signee

H22000401966 3