# L21000069931

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| PICK-UP WAIT MAIL                       |        |
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| (Business Entity Name)                  | —      |
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| Certified Copies Certificates of Status |        |
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| Special Instructions to Filing Officer: |        |
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DATE: 1/14/2022

NAME: GARMOW LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA00000015** 

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |   |  |
|--|---|---|--|
| GARMOW<br>SUBJECT:                       | LLC                                       |   |  |
| SUBJECT:                                 | Name of Lim                               | ited Liability Company  |  |
|  |   |   |  |
| The enclosed Articles of A               | Amendment and fee(s) are sub              | mitted for filing.  |  |
| Please return all correspor              | ndence concerning this matter             | to the following:   |  |
|  | EDGAR SMILOVICI                           |   |  |
|  | ·   | Name of Person  | <del></del>  |
|  | DOLARFON                                  |   |  |
|  |   | Firm/Company  |  |
|  | 8333 NW 53rd Street, Suit                 | te 450  |  |
|  | ·   | Address   |  |
|  | Doral, Florida, 33166                     |   |  |
|  | ·   | City/State and Zip Code   |  |
|  | edgar.smilovici@gmail.com                 |   |  |
|  | E-mail address; (                         | to be used for future annual report noti                            | fication)  |
| For further information ec               | oncerning this matter, please c           | all:  |  |
| Hailu Jardines, CPA                      |   | 786 925-3899<br>at ()   |  |
| Name of                                  | Person                                    | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for th               | e following amount:                       |   |  |
| ■ \$25.00 Filing Fee                     | S30.00 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 Address                          | <u>is</u>                                 | Street Address:   |  |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

| GARMOW LLC   |   |
|--|---|
| (Name of the Limited Liability Company as it no<br>(A Florida Limited Liability Co                             | ow appears on our records.) ompany)                     |
| The Articles of Organization for this Limited Liability Company were file Florida document number L21000069931 | ed on <u>02/18/2021</u> and assigned                    |
| his amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability com   | pany here:  |
| DOLARFON LLC   |   |
| he new name must be distinguishable and contain the words "Limited Liability Compa                             | my," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |
| . ,  |   |
| Principal office address MUST BE A STREET ADDRESS)   | · · · · · · · · · · · · · · · · · · ·                   |
| **************************************   |   |
|  |   |
| Inter new mailing address, if applicable:  | 202   |
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|  | * 11  |
|  |   |
| 3. If amending the registered agent and/or registered office address of  | on our records enter the name of the new register       |
| gent and/or the new registered office address here:  | on our records, enter the maile of the new register     |
|  |   |
| N. CALL D. C. A. A. A.   |   |
| 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

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> | Name                           | Address  | Type of Action |
|--------------|--------------------------------|--|----------------|
| AMBR         | Edwing Miguel Vallecitlo Reyes | 8333 NW 53rd Street, Suite 450, Doral, Fl. 33166 | <b>=</b> Add   |
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| Note: If the                   | te, if other that<br>ate is listed, the da<br>date inserted in t<br>ffective date on | his block does:  | not meet the app  | dicable statutor  | ng or more than 90 d<br>y filing requireme | _ (optional)<br>ays after filing.) Pur<br>nts, this date will | suant to 605,0207 (3<br>not be listed as th  |
| e record speci<br>rd is filed. | fies a delayed ef  | fective date, bu | t not an effectiv | e time, at 12:01  | a.m. on the earlie                         | er of: (b) The 90   | th day after the                             |
| Dated                          | y 14   |                  | . 2022            | 11                | +  |   |  |
| -                              |  | Signature        | of a member or a  | uthorized/represe | ntative of a member                        | <del> </del>  | <u>.                                    </u> |
|                                |  |                  |                   | - 17              |  |   |  |