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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
eun irz		TRUCTION GROUP LLC	•	
SUBJEC	~I: <u></u>	Name of Lim	ited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Marco A. Jove		
			Name of Person	
		Dual Group LLC		
			Pirm/Company	3.5 r
		11549 NW 51st Lane		
			Address	
		Doral, FL 33178		
			City/State and Zip Code	
		marcoajove@gmail.com	to be used for future annual report n	and Complete V
For furth	ner information c	oncerning this matter, please c	·	ottication)
Marco A	A. Jove		786 241-3469	
	Name o	f Person		ime Telephone Number
Enclosed	I is a check for th	ne following amount:		
■ \$2 5.	.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 Addres Registration S		Street Address: Registration S	
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DM CONSTRUCTION GROUP 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 v	vere filed on <u>02/24/2021</u>	and assigned
Florida document number L21000091352		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ty company here;	
BOLD RENOVATIONS LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the nam	e of the new registered
agent and/of the new registered white address here.		
Name of New Registered Agent:		,
Hame of New Registered Agent.		· · · ·
New Registered Office Address:	Enter Florida street address	
		: <u>;</u>
	, Florida	Zip Code 🖒
	City	Zip Code 😝
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am j ovided for in Chapter 605, F.S. Or,	amiliar with and if this document is
1		

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
MGR	DANIEL E. AZPURUA, SR		🗆 Add
		8651 NW 12TH CT, DORAL FL 33178	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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ectiv	ve date, if other than the date of filing: (optional)
n effe	ctive 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	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
is file	1
tod.	March 18th 2021 MM
	Signature of a member or authorized representative of a member
	MARCO JOVE