L21000189651

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| J. HORNE AUG 1 8 2023 | | | | |

Office Use Only



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| ond inzer. | | RANCE LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of | `Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | |
| | | DAYLIN GOMEZ | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | DG INSURANCE & SER | VICES LLC | |
| | | | Firm/Company | |
| | | 2536 SW 122ND CT | | |
| | | | Address | |
| | | MIAMI, FL 33175 | | |
| | | daylin2011@me.com | City/State and Zip Code | |
| For further | internation (| E-mail address: (concerning this matter, please c | to be used for future annual report noti | fication) |
| | | concerning this matter, prease c | | |
| DAYLIN GOMEZ | | 305 505-1358 at () | | |
| | Name o | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is | a check for t | he 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) |
| | ailing Addre | | Street Address: Registration Sec | ction |
| Registration Section Division of Corporations | | Corporations | Division of Corporations | |
| P. | O. Box 631 | 27 | The Centre of T | allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DG INSURANCE 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 Compan | y were filed on 04/23/2021 | and assigned |
|--|-------------------------------------|-----------------------------------|
| Florida document number L21000189651 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| DG INSURANCE & SERVICES LLC | | |
| The new name must be distinguishable and contain the words "Limited Liab | nility Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office | address on our records, ent | er the name of the new registered |
| agent and/or the new registered office address here: | | |
| Name of Name David America | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street add | |
| | r,mer r tortaa street aaa | ress |
| | | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
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| | tive date, if other than the date of filing: | (optional) nore than 90 days after filing.) Pursuant to 605.0207 (3 |
| Note: 1 | effective date is listed, the date must be specific and cannot be prior to date of filing or not the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records. | ng requirements, this date will not be listed as th |
| Note: 1 docume | 2 If the date inserted in this block does not meet the applicable statutory filir ment's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. | ng requirements, this date will not be listed as th |
| Note: 1 docume he record ord is file | 2 If the date inserted in this block does not meet the applicable statutory filir ment's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. | ng requirements, this date will not be listed as th |
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Filing Fee: \$25.00