K21 000 205997

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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2022 APR -5 AM 11: 44

SECRELATE OF STATE TALLAHASSEE, FL

February 22, 2022

ENA ARIAS 2671 S COURSE DR #109 POMPANO BEACH, FL 33069

SUBJECT: DINO360 DIGITAL CONSULTING LLC

Ref. Number: L21000205997

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

L14000030826 G & G TECHNOLOGIES, LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 522A00004389

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
5115 14 6m	DÎNO 360	Digital Longer	ifing Ilc	
SUBJECT:	Name of Lin	nited Liability Company		
		,,		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for tiling.		
Please return all correspondent	ondence concerning this matter	r to the following:		
		ENA ARÎA	5	
		Name of Person		
	0 R	Lopel Account	ING & FAX PA.	
	*****	Firm/Company		
	2671 5,	Lourse Dr #	109	
	Address			
	Pom	pano Beach	FL 33069	
		City/State and Zip Code		
Chystate and Zip Code				
	E-mail address:	(to be used for future annual rep	port notification)	
For further information of	oncerning this matter, please c	rall:		
			_	
	ARIAS	at (540 ₎	629 _ 3120 Daytime Telephone Number	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Addi		
Registration S		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, I		2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED

Dina 360 Diaita	2022 APR -5 PM 1:34
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears have reconsile.) UF STATE liability Company) TALLAHASSEE. FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000205997</u>	were filed on $05/03/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
GG INNOVATIVE + ECHNO	106× 110
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	43 5. Powerline Road # 212 Pompano Beach FL 33069-3001
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach FL 33069-3001
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	43 5. Powerline Road # 219 Poinpano Bead, Fl 33069-3001
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	1/A
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if sharping the	City Ztp 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
AMBR	Alias, ENA	43 5. Power lin€ Rd. #	21 2 □Add
		Pamazoo Black Fl	□ Remove
		33069_3001	XChange Odd1
		_	□Add
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	ive date, if other than the date of filing: $\frac{63/29}{29/2029}$ (optional)
ffect	
an er Sote:	fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locun	nent's effective date on the Department of State's records.
гесо	d 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
d is t	led.
\ot.sd	
Alcu	 ··
	Signature of a member or authorized tepresentative of a member
	Signature of a member or authorized foresemptive of a member
	ENA AREAS. Typed or printed name of signee
	ENA ADIAS

Filing Fee: \$25.00