0002135

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN I 2021



Sunshine State Corporate Compliance Company

 $t = 1.277^{\prime\prime}$

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/11/2021				**WALK IN**
entity name D3	HOLDINGS LLC		. ;	
DOCUMENT NUMB	ER			
	PLEASE FILE TH	IE ATTACHED AND RETURI	V	
xxxxxx	Plain Copy Certified Copy Certificate of Status			PREK ME
	PLEASE OBTAIN THE FE Certified Copy of Arts Certificate of Good Sta		ENTITY	go e saek tok
COUNTRY OF DEST	,	NOTARIAL CERTIFICATIO	DN**	
NUMBER OF CERTI	FICATES REQUESTED			
TOTAL OWED \$25	5.00		: 120160000072	
Please call Tina	at the above number for	any issues or concerns,	Thank you so	much!

COVER LETTER

2711	ision of Cor			
SUBJECT:		NGS LLC		
		Name of Limited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		GRYSKA SOTOLONGO		
			Name of Person	
		THOMAS G. SHERMAN,	P.A.	
			Firm/Company	
		90 ALMERIA AVENUE		
			Address	
		CORAL GABLES, FL 331	34	
			City/State and Zip Code	
		GRYSKA@UNIONTITLES	SERVICES.COM to be used for future annual report notified.	(Cartan)
			·	meanon)
		oncerning this matter, please co		
GRYSKA S	OTOLONG	0	305 448-5898 at () ———————————————————————————————	
	Name o	f Person	Area Code Daytin	ie Telephone Number
Enclosed is a	check for the	ne following amount:		
宫 \$25.00 F	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 enclo
	iling Addres		Street Address:	ation
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
). Box 632	•	The Centre of T	l'allahassee
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D3 HOLDINGS LLC		_
(Name of the Lin	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited		and assigned
lorida document number L21000213557	·	
his amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and/or		ds, enter the name of the new registe
gent and/or the new registered office addre	ess nere:	φ
Name of New Registered Agent:	THOMAS G. SHERMAN, P.A.	<u> </u>
New Registered Office Address:	90 ALMERIA AVENUE	
	Enter Florida s	reet address
	CORAL GABLES	, Florida ³³¹³⁴
	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
			□Remove
			☐Change
			ŪAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			CJAdd
			Remove
			□Change
.			□Add
			□Remove
			□ Channe

. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(It an c	tive date, if other than the date of filing: (optional) 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 (1)
Note: docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd 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 iled.
Dated	JUNE 11 . 2021
	Luti
	Signature of a member of authorized representative of a member
	JOSE F. DACCARETT, MANAGER

Filing Fee: \$25.00