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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : I20220000151 Phone : (754)226-4414 Fax Number : (954)613-4136

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DSEV HOLDINGS LLC**

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ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

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DSEV HOLDINGS 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 were filed on 05/27/2021 and assigned Florida document number _____1.21000248323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10151 SW 3RD ST. Enter new principal offices address, if applicable: PLANTATION, FL 33324 (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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 occept 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.

_, Florida ____

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

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AMBR = Authorized Member

<u>litle</u> 1GR	Name A DI A AUG COLOGUIO	Address	Type of Action
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		HALLANDA LE, FL 33009	
			≡ Remove
			□ Change
MGR	ARIANE SPIGHEL	10151 SW 3RD ST.	= 4 dd
		PLANTATION, FL 33324	
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