

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	









COVER LETTER

	gistration Sect vision of Corpe			
	D.B.S Enterp			
SUBJECT:		Name of Limit	led Liability Company	
		mendment and fee(s) are submence concerning this matter t		
		Dashmeet Bedi		
			Name of Person	
		D.B.S Enterprisez		
			Firm/Company	
		8118 Firenze blvd		
			Address	
		Orlando Florida 32836		
			City/State and Zip Code	
		Enterpisezdbs@gmail.cor	n o be used for future annual report notific	tion)
For further i	nformation cor	neerning this matter, please ca		
dashmeet	bedi	~ anishen	407 9137700	
	Name of I		Area Code Daytime	elephone Number
Enclosed is	a check for the	following amount:		
[7] \$25,00	Filing Fee	(7) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy— (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.B.S enterprisez LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000313085	were filed on 07/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" 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 agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
The Winegister of Control of Managers.	Enter Florida street address	<u> </u>
	. 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 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	<u>Address</u>	Type of Action
NGB AMBR	Anhad narula	Hyver hall, Barnet gate, arkley, London, UK	en53j ≣Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change.

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Tectiv	re date, if other than the date of filing:(optional)
an effec ote: I	ative 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 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
record is file	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.
ated _	9/2/2021
	Duide Bedi
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00