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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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W. S.	J. TORNE	

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# CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1.	-	DGS GROUP WAX LAB I	
2.	_		
3.		(CORPORATE NAME AND DOCUMEN	IT #)
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6.	_	(CORPORATE NAME AND DOCUMEN	IT #)
SPEC INST		CTIONS:	

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DGS GROUP WAX LAB LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_L21000420411 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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 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.

City

\_, 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GRABLI LANGER, MOISES	3625 N COUNTRY CLUB DR APT 501	
		Delray Beach, FL 33444	□Remove
		AVENTURA, FL 33180	\equiv Change
MGR	DEHAM DABOIN, TALAL	3625 N COUNTRY CLUB DR, 501	□Add
		AVENTURA, FL 33180	□ Remove
			Change
AMBR	SALAZAR GOMEZ, NICOLAS	3625 N COUNTRY CLUB DR APT 501	🗀 Add
		AVENTURA, FL 33180	BRemove
			□Change
MGR	DEHAM DABOIN, TAREK B.	3625 N COUNTRY CLUB DR APT 501	<b>\</b> Add
		AVENTURA, FL 33180	□Remove
			□Change
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ffective date, if other than t an effective date is listed, the date n	he date of filir	ng:			(optional)	
an effective date is listed, the date note:  If the date inserted in this	nust be specific ar block does not	nd cannot be price meet the appli	or to date of filing cable statutory	or more than 90 filing requirem	days after filing tents, this date	) Pursuant to 605.026 will not be listed (
ocument's effective date on the	Department of	State's record	S	<b>.</b>		
record specifies a delayed effec is filed.	live date, but no	ot an effective i	time, at 12:01 a	.m. on the earl	ier of: (b) Th	e 90th day after the
July, 14 ated		2022				
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