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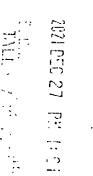
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations			
SUBJECT:	DG LOD, L Name of Limi	ited Liability Company		,t
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		Name of Person DG LOD, LLC Firm/Company		
	45	O Sevilla Ave		
	(Oral Cables FL City/State and Zip Code	33134	
		DMA 111001		20 3:
For further information cond	cerning this matter, please co	at (305) Area Code S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	- 7387	21 DEC 27
Name of Po	erson U	Area Code Daytime	: Telephone Number	
Enclosed is a check for the f	following amount:			Tel
E \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	
Mailing Address: Registration Sec Division of Cor		Street Address: Registration Sec Division of Cor		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D6 LOD L	LC.			
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our	records.)		
The Articles of Organization for this Limited Liability Company were	e filed on	11/19/2	/ and assig	gned
Florida document number <u>L21000 49 8459</u>		1 '		
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 Co	ompany," the designation	on "LLC" or the a	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 addr	ess on our records.	enter the nat	me of the new	registered
agent and/or the new registered office address here:		******		
			2 ~>	
Name of New Registered Agent:		<u>-</u> <u>-</u> -	- 52 - 23	
New Registered Office Address:				7
	Enter Florida stree	t address	27	
		, Florida _	<u> </u>	. 77
	City		Zip Code	フ
New Registered Agent's Signature, if changing Registered Agent:				
the make a count the complete and a count and account and account as	and in this amount	. I familian a	ana ta aanal	versitely the

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>	<u>Name</u>	Address	Type of Action
P	Luis O Dominguez	427 & SAN MARINO Dr	□Add
		Minn, Beach, FL 33139	Remove
			□Change
VP	Maritea Dominguez	427 & San Marine Dr	□Add
		Miami Beach, FL 33139	
			Change Change
			Remove
			□Add
			□Remove
			□ Change
			□Add
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ctive date, if other than the date of filing:	(optional)	uo 605 020
e: If the date inserted in this block does not meet the applicable statutory filing requiremen	its, this date will not	be listed a
iment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th da	iv after the
filed.		
101		
$\frac{12/21/21}{21} \cdot \frac{2021}{2021}$		
Signature of a member or authorized representative of a member Orningue L Typed or printed name of signer		