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(Re	equestor's Name)	
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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

DIAMONI SUBJECT:	DS N DUDES GROUP		
SOBJECT,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ą	ALINA CABRAL GEN	
		Name of Person	
		Firm Company	
	VIA LUGANO CIR. APT. # 202		
	Address		
	В	OYNTON BEACH, 33436	
		City/State and Zip Code	
		dsndudesmagazine@gmail.com	
For further information c	oncerning this matter, please c	i N	
	checking this matter, preuse o	(A)	
ALINA CABRAL	-	786 760-9133 (1) = 5	•
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee	
Tallahassee, I		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S N DUDES GROUP	
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limited liability company here:	
Limited Liability Company," the designation	n "LLC" or the alphreviation "L.L.C."
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ered office address on our records,	enter the name of the new regist
<u>re</u> :	
Enter Florida street	address
	, Florida
City	Zip Code
	Inhibitity Company as it now appears on our brida Limited Liability Company)  By Company were filed on     12/10/2021

## 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
MGR	ORTELIO RODRIGEZ	3133 CAPRI RD.	□Add
		PALM BEACH GARDEN, FL 33410	≅Remove
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Typed or printed name of signee