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(Reques	tor's Name)	
(Address	s)	
(Address	5)	
(City/Sta	ite/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busines	ss Entity Nan	ne)
(Docume	ent Number)	
Certified Copies	Certificates	of Status
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T. MATTHEWS MAY 18 2022

COVER LETTER

	Registration Se Division of Cor			÷	
eun tre		D GROUP LLC	o	•	
SUBJEC	.l:	Name of Limited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		KAY DOMINGUEZ			
			Name of Person		
			Firm/Company		
		10079 SW 228 TER			
		CUTLER BAY, FL 33190	Address		
			City/State and Zip Code		
		KAY.DOMINGUEZ86@C	·		
		E-mail address: (to be used for future annual report no	tification)	
For furth	er information c	oncerning this matter, please c	all:		
KAY DO	OMINGUEZ		305 399-8865		
	Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed	is a check for the	he following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration 5		Street Address: Registration So	ection	
	Division of C		Division of Co		
	P.O. Box 632		The Centre of		
	Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our Florida Limited Liability Company)	records.)
ility Company were filed on 01/14/2022	and assigned
ing:	
ne limited liability company here:	
Is "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
le:	
ADDRESS)	
<u></u>	
istered office address on our records, here:	enter the name of the new registe
Enter Florida stree	t address
isher i mriaa m ce	
City	, Florida Zip Code
	ing: Is "Limited Liability Company," the designation Is "Limited Liability Company," the designation the liability Company, the designation the liability Company,

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>	<u>Address</u>	Type of Action
AMBR	ADONIS PADILLA	1291 NW 60TH AVE, SUNRISE FL 33313	= Add
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			□Change
			□Add
			□Remove
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ective date, if other than t	tust be specific and c	annot be prior				ng.) Pursuant to 60	
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cord specifies a delayed effec s filed.	live date, but not a	n effective ti	me, at 12:01 a	.m. on the earl	ier of: (b)	The 90th day aft	er th
ed		2022	·				
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