Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : MONEYTAX SERVICE CENTER LLC

Account Number : I20220000130 Phone : (954)870-7507 Fax Number : (954)300-3808

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FASILION CENTER DG LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FASHION CENTER DG LUC						
(Name of the Lam	(A Florida Limited	any as it now appears on our i Liability Company)	rcords.)			
The Articles of Organization for this Limited liberated document number L22000103835	Liability Company	were filed on 02/28/22		and ass	igned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abb	reviation "L.	L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1845 Dixianna St				
		Hollywood, FL 33020				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1845 Dixiama St Hollywood, FL 33020				
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>e</u>	nter the name	of the new	2022	red
Name of New Registered Agent:	Alejandra Ladi	no			AUG	<u>. </u>
New Registered Office Address:	4838 N. Univer	-		SSE AR	<u>ل</u> د	7 }
		Enter Florida street d	oddress	田野	3 6	,'O';
	Lauderhill		_, Florida	<u> </u>		
		City		Zip Crete (່ນ	

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

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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>	Nume	Address	Type of Action
AMBR	GALINDO, JOSE G	1845 Dixianna St	□ Add
		Hollywood, FL 33020	□Remove
AMBR Diana M. Roberto Cardenas	Diana M. Roberto Cardenas	1845 Dixianna St	≅Add
		Hollywood, FL 33020	
		Change	
		∐Add	
	· · · · · · · · · · · · · · · · · · ·	□Remove	
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			□Change

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EIN: 37-2039982	ation, enter change(s) here: (Attach ada	attional sheets, if necessary.)
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where it is a local state of	08/01/22	(optional)
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of filing of block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as t
he record specifies a delayed effect ord is filed.	ive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
August I Dated	. 2022	
	Jose Galindo Signature of a member or authorized representa	stive of a member
Jose G. Galindo	Typed or printed name of signs	ge

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