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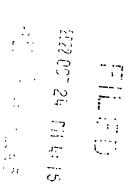
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A. RIVERS
JAN 1 3 2023



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## **COVER LETTER**

TO: Registration Se Division of Cor			•
SUBJECT:	DOGEL TILL Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Luis Gu		
		Name of Person	
		Firm/Company	
	W FIC	ugler St Ste. 9	W-7496
	Miami, FL	33130 City/State and Zip Code	
	into Q a Qual E-mail address: A	PLYPL (UM) o be used for future annual report noti	fication)
For further information ed	oncerning this matter, please ca	ill:	
<del></del>	LENTEN	at (305) 898-	4523
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	LL L	L C  ny as it now appears on our  iability Company)	r records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L22 W0 23 2 2</u>	lity Company			signed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited l <u>iabi</u>	lity company here:		
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	P:	ity Company," the designation    Company," the designation   Flaght   Flagh	on "I.I.C" or the abbreviation "I. Y St 496 33130	.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	lete W Flagt Ste 900 - 7 Migmi, Fl	er st 494 33130	
B. If amending the registered agent and/or regis		ddress on our records.	enter the name of the ne	w registered
Name of New Registered Agent:  New Registered Office Address:	Luis le W F	<u>fuerrero</u> laglor St ste Enter Florida siree	900-7496	71 77.1
-	Miami	Cuy	Florida <u>33/30</u> :: Zip Code	V

#### 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.

Muserer

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
<u>P</u>	Ines Guerreno	924 N Magnolia Ave	🗆 Add
		Stc. 202	
		Orlando, FL 32803	Change
<u>P</u>	Luis Guerrero	66 W Flagler st	Clado
		Stc. 9W-7496	□Remove
		Miami, FL 33130	□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

Note:	ive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	October 4 2022
	October 4 2022  List Asserted Signature of a member or authorized representative of a member
	Luis Guerren  Typed or printed name of signee