

L22000299205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

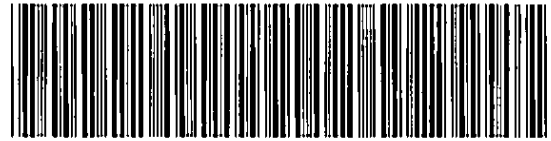
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/22--01002--011 **52.50

2022 OCT -3 AM 11:53

2022 OCT -3 AM 11:15

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10/3/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Dagomy S LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Rosin

Name of Person

Dagomy S LLC

Firm/Company

2430 NE 184 TER

Address

North Miami Beach FL 33162

City/State and Zip Code

Florusos@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Rosin

Name of Person

at 305 343-2091

Area Code

Daytime Telephone Number

786 -942-0502

Enclosed is a check for the 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

Pagomy's LLC

2022 OCT -3 AM 11:54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 2022 and assigned
Florida document number L22000299205 105th

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 Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alexander Rossin

New Registered Office Address:

2430 NE 184 TER

Enter Florida street address

North Miami Beach

Florida

City

33169

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

~~FLORIANUS GALLO~~ con

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>	<u>Type of Action</u>
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manager	Andrey Rossin	200-172 st #510	<input type="checkbox"/> Add
		Sunny Isles Beach FL	<input checked="" type="checkbox"/> Remove
		33160	

☐ Change

☐ Add

☐ Remove

☐ Change

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

10/03/2022

Signature of a member or authorized representative of a member

Typed or printed name of signatory: Andrey Rossin

Filing Fee: \$25.00