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S. ROBERTS
JUN 2 2 2023

COVER LETTER

TO:	Registration Division of C			
SUBJE	DAGOM	YS LLC		
SUBJE	CI;	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
		of Amendment and fee(s) are sub	-	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		ALEXANDER ROSSIN		
			Name of Person	
			Firm/Company	
		2430 NE 184 TERR		
			Address	_
		NORTH MIAMI BEACH	FL 33162	
		FLORUSUS@YAHOO.CC	City/State and Zip Code	
		-	to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please c	all:	
ALEXA	ANDER ROSSI	N	305 343-2091	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	d 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

DAGOMYS LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
1.2200000000	•	
This amendment is submitted to amend the following:		
(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		
The new name must be distinguishable and contain the words "Limited L	iability 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)		
	027	
Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	50	
	<u> </u>	
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride street address	
	, Florida City Zin Code	

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 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	ANDREY ROSSIN	2430 NE 184 TERRACE	= Add
		SUNNY ISLE BEACH	Remove
		FL 33160	□Change
			□Add
			□Remove
			☐ Change
		 .	
			□Remove
			Change
			□Add
			□ Remove
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Change

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n effecti <u>te:</u> If t	date, if other than the date of filing:	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
is filed.		
ted	05/01 20/5	
	Signature of a member of authorized representative of a member	_
	A distribution of the second o	