## L22000357549

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE SECRETARY OF STATE OF CORPORATION

## · COVER LETTER

TO: Registration Sc Division of Cor			
SURJECT: ICV	restor DFG		
<u> </u>	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	<u>Aiejondro</u>	Name of Person	
	TOW	osta DFG	
	<u> </u>	e5/ox DFG Firm/Company	<del></del>
		CYPCESS Dr, A	
	Kissimon	ee/Florida, 347 City/State and Zip Code  2001@gmail. Com o be used for future annual report notific	44
	Alejesus E-mail address: (t	2001@gmail, Como be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	H:	
AiejWG0 Name o	GOSCIA.	at (407) 922 Area Code Daytime	- 9857 Telephone Number
Name	7 1 (1,50.7)		
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre	vs:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

LnuES7	TOR DFG L  ed Liability Company as  (A Florida Limited Liabil)	it now appears on our	records.)	<del></del>
<del></del>	(A Florida Limited Liabil	ity Company)		
The Articles of Organization for this Limited Li	ability Company were	e filed on Augus	+ 15, 2022	sand assigned
Florida document number <u>L22,000 357</u>	<u>549</u> .		,	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability	company here:		
	٠ , ,			
The new name must be distinguishable and contain the w	ords "Limited Liability Co			
Enter new principal offices address, if applica	able:	NIA		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			<del></del>
		. 1		
Enter new mailing address, if applicable:	<del></del>	N/A		
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			<del></del>
	_			
D Ifdim the maintain december and/	id .65 adda			faha
B. If amending the registered agent and/or r agent and/or the new registered office addres		ess on our records,	enter the name t	the new registere
	•			
Name of New Registered Agent:	Alejandro	Garcia		
New Registered Office Address:	371 0	BOUD CYPCE  Enser Florida street	SS Dr , AF	+ 707
	15,37,	<u>re</u> City	, r iorida	Zip Code
New Registered Agent's Signature, if changing b	Registered Agent:			
The state of the s				

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>	Address	Type of Action
-			bbAt <sup></sup>
			Remove
			Change
-			□∧dd
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			□Change
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			□Remove
			□Change

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	
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(If an effe <u>Note:</u> I	(optional)  etive date, if other than the date of filing:
the record cord is file	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 d.
Dated _	08/23/22 AG
	Signature of a member or authorized representative of a member
	Alejandro Garcia Typed or printed name of signee

5311 X1 005 00