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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpo		٠		
SUBJECT: DBG	Mixed Media Name of Limi	ited Liability Company	LLC	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Takiyah	Name of Person	<u>.</u>	
	11375 11	Firm/Company	2023 JA SECRE TALL	
	Nimwand takiyaha	Address FL 3359B City/State and Zip Code LIGOGMCUL COM to be used for future annual report notification	-3 PM list	
For further information con	cerning this matter, please ca			
Takiyah Name of P	Six M	at (813) 524 S3 Area Code Daytime Telep	hone Number	
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 Sec Division of Cor P.O. Box 6327		Street Address: Registration Section Division of Corporati The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

' TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lia	LOUG A- iability Company	as it now appea	1 125, CM		
The Articles of Organization for this Limited Liabilit	ity Company w				signed
This amendment is submitted to amend the following	ାହ:				
A. If amending name, enter the new name of the	limited liabili	ty company h	ere:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the	designation "LLC" or t	he abbreviation "L	.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD					
	<u> </u>				
Enter new mailing address, if applicable:		NA_		2023 JAN SECRETALL	
(Mailing address MAY BE A POST OFFICE BOX)	<u>K)</u>				netters emphay
B. If amending the registered agent and/or registe agent and/or the new registered office address her	tered office ad ere:	dress on our	records, <u>enter the</u> I	name of theme	w registered
Name of New Registered Agent:	NA				
New Registered Office Address:		Enter Flo	orida street address		
			Florida	Zip Code	
N		City		Zip Code	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change	gent and agree nd complete p ed agent as pr stered office a	erformance o _i ovided for in	f my duties, and Lo Chapter 605, F.S.	am familiar wii Or. if this doct	th and iment is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Ms.	Takiyah N DixAO	P.C. Box 301 Balm. FL. 335	3 XVAG
			□Remove
		Manager (Mork)	Change
			□Add
			Remove
		SECRE A	
		ARY OF STATE	₩ Fempver Change
	70		DAdd
			□Remove
			©Change
			□Add
			□Remove
			□Change
		. ————	🗆 Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
NA	
	
	
	SECRE TAIL
	000 m
	03
(If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) for more than 90 days after filing.) Pursuant to 605.0207 (3)(filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 ceord is filed.	a.m. on the earlier of: (b) The 90th day after the
Dated 9/21/2022 Juhnelle	
Signature of a member or authorized represent	tative of a member
Typed or printed name of sign	nee

Filing Fee: \$25.00