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| Special Instructions to Fil | ing Officer: | |
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| SUBJE | C1: | Name of Lim | ited Liability Company | | |
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| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | David Garcia | | | |
| | | | Name of Person | | |
| | | DG Advisors | | | |
| | | | Firm/Company | · <u>·</u> | ~1 |
| | | 1430 S. Dixie Hwy Suite 3 | 310 | 550 | 2622 De i |
| | | | Address | |);; (: |
| | | Coral Gables, FL 33146 | | | = |
| | | | City/State and Zip Code | | -: |
| | | Dgarcia@dgadvisorscpa.co | | · · | r; c |
| For furtl | ner information c | oncerning this matter, please c | to be used for future annual report notif all: | ication) | ت |
| David C | Garcia | | 786 208-2536 | | |
| | Name o | f Person | | Telephone Number | |
| Enclose | d is a check for t | ne 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 enclose | |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Corporations 7 | Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL | oorations allahassee e Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Company as it now appears on of Limited Liability Company) | ur records.) | |
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| ompany were filed on | 22 | _ and assigned |
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| ed Liability Company," the designat | ion "LLC" or the abbre | riation "L.L.C." |
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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 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> | Name | Address | Type of Action |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be | | ng or more than 90 days | | |
| e: If the date inserted in this block does not meet the ument's effective date on the Department of State's re | applicable statutor ecords. | ry filing requirements | s, this date will n | ot be listed |
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| cord specifies a delayed effective date, but not an effec | ctive time, at 12:0 | t a.m. on the earlier o | of: (b) The 90th | day after th |
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Filing Fee: \$25.00