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2024 OCT - 1 AM 8: 53 SECRETARY OF STATE TANT AHASSEE. FL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DGPS land Development, LLC Name of Limited Liability Company
realize of Elimited Blaumry Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Celia Morales Name of Person
DGPS land Development ILC.
2816 N. 60th Street
Address
Jama Florida 33619 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Celia Morales at 813, 404 - 619 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_DGPS land De	velopment	LIC
(Name of the Limited Liability Con (A Florida Limi	mpany as iNtow appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing Lagrange		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	sireel address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ŕ	- F
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and I am familiar with and oter 605, F.S. Or, if this document 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>ar</u>	Heriberto Re	yes 4417 N. Clark F	Tue Add
	·	yes 4417 N. Clark F Jampa, Florida	33614 _ Remove
			Change
			□ Add
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			□Change
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			□Remove
			□Change

). II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
_	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
f the record secord is	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	9/26, 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee