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(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

AMDG De	velopment Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Xavier Jorge		
		Name of Person	
		Firm/Company	
	3450 W 84th St STE 201		
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	xusmsx@gmail.com	- T	
		to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Xavier Jorge	r Jorge 305- 902-8007		7
Name (of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Addres Registration	
Division of C			Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 HAY 27 AMID: 55 AMDG DEVELOPMENT GROUP LLC (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 January 30th, 2023 ____ and assigned Florida document number <u>L23</u>000054230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMDG HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
			□Add
			□Remove
			□Change
**			□Add
			□Remove
		·	□Change
			□Add
		·	□Remove
			Change
		, 	□Remove
			□Change
 _			🗀 Add
		□Remove	
			□Change
			DAdd
			□Remove
			Change

-		
Effective	date, if other than the date of filing: (optional)	
f an effecti Note: If	e date, if other than the date of filing:	0207 d.as
	t's effective date on the Department of State's records.	
e record s d is filed	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
a is mea		
Dated	May 08 2025	
	,	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00