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**DATE: 8/4/2023**

**NAME: DTL GEORGIA LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 30.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DTL GEORGIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMAS GONZALEZ

Name of Person

TOMAS GONZALEZ LAW, P.A.

Firm/Company

PO BOX 938478

Address

MARGATE FL 33093-4878

City/State and Zip Code

sunbiz@tomasgonzalezlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMAS GONZALEZ

833 288-7878  
at ( )

Name of Person

Area Code

Daytime Telephone 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

| Case | Initial State | Final State | Operation                       |
|------|---------------|-------------|---------------------------------|
| 1    | ...           | ...         | <input type="checkbox"/> Add    |
| 2    | ...           | ...         | <input type="checkbox"/> Remove |
| 3    | ...           | ...         | <input type="checkbox"/> Change |
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| 14   | ...           | ...         | <input type="checkbox"/> Remove |
| 15   | ...           | ...         | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PURPOSE.

ORGANIZED IN ACCORDANCE WITH FLA. STAT. 621, FOR THE SOLE AND SPECIFIC PURPOSE OF  
ENGAGING IN THE PRACTICE OF LAW AS PERMITTED BY APPLICABLE LAWS.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 3

2023

Signature of a member or authorized representative of a member

TOMAS GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00