L23000165979

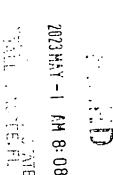
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COVER LETTER

TO:		stration Se sion of Cor				
		amendment	principal address and mailing	address		
SUBJEC	SUBJECT: Name of Li			ited Liability Comp	any	
The encl	losed .	Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn a	all correspo	ndence concerning this matter	to the following:		
			DE LA ROSA ISRAEL			
				Name of Per	son	
			D.M.G SPORT, SERVICE	ES, LLC		
				Firm/Comp	any	
			7950 NW 53 ST SUITE 3	342		
			·	Address		
			DORAL FLORIDA 33160	5		
				City/State and Z	ip Code	
			empresas@globalgbi.com		•	
For furth	ner inf	ormation co	E-mail address: (oncerning this matter, please c	to be used for future all:	: annual report r	notification)
VICTO	R PAI	RRA		786 at (2018304	
		Name of	Person	Area Co	ode Day	time Telephone Number
Enclosed	d is a o	check for th	e following amount:			
■ \$25.	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address			treet Address:	
	Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		Т	The Centre of Tallahassee			
Tallahassee, FL 32314		2	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2023 HAY -1 AH 8: 08

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SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC 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 mailing address.	(A Florida Linnied)	Liability Company)		
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 ragent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	The Articles of Organization for this Limited Liability Company Florida document numberL23000165979	were filed on	04/03/2023	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	This amendment is submitted to amend the following:			
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 ragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	A. If amending name, enter the new name of the limited liab	ility company he	<u>·re</u> :	
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 ragent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or the al	obreviation "L.L.C."
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 regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Enter new principal offices address, if applicable:	7950 NW 53 ST	SUITE 342	
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 ragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		DORAL FLOR	IDA 33166	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address		DORAL CLORIDA 22144		
New Registered Office Address: Enter Florida street address		address on our ro	ecords, <u>enter the nan</u>	ne of the new regist
Enter Florida street address	Name of New Registered Agent:			
, Florida	New Registered Office Address:	Enter Flor	ida street address	
			, Florida	
City Zip Code		City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		

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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	•
-	
_	
_	
	04/03/2023
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
f the record : record 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 l.
Dated _	4/18/2023 5:00·Pa
	ind h
	Signature of a member or authorized representative of a member
	ISRAEL DE LA ROSA
	Typed or printed name of signee

Filing Fee: \$25.00