L23000199493

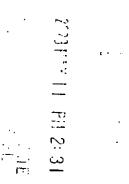
(Requestor's Name)
(Address)
(Address)
(Address)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(500
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800408359618

U. 1. . - U1614 364 **2.,0,



COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corpor				
SUBJECT:	D GlobaL	LLC		
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nee concerning this matter	to the following:		
	Christia	Name of Person		
	TDG	-lobal LL	<u>C</u>	
	12977 5	E SUZ9.	une Drive	
	Hobe Jou	City/State and Zip Code	33455	
-	Sales E-mail address: (to be used for future abnual repe		
For further information conce	erning this matter, please ca	all:		_;
Christian Name of Per	Melson son	at (561) Area Code	27-8285 Daytime Telephone Number	2: 31
Enclosed is a check for the fo	ollowing amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
Mailing Address: Registration Sectorial Division of Corp P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 ___ 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) N 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.

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:

$\frac{MGR = Man}{AMBR = Auth}$	orized Member		
Title	Name	Address	Type of Action
resyleut	Christian Nelson	12977 SE Suzquie Drive	• 1
Add As	Authorized 190	Holpe, Sound, FL 33455	_ □Remove
1104 111 C	Jel .		_□Change
			_ □Add
			_ □Remove
			_ 回ghange _ :
			□ Change □ Add
			.∕>
			_
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			□Add
			_ = Remove
			_ □Change
			_ DAdd
			_ TRemove
			_ ZChange

Page 2 of 3

						
		···				
						
						,
						
	· · · · · · · · · · · · · · · · · · ·					
1						
						
						
	···					
fective date, if other in effective date is listed,	r than the date of	filing:	ior to data of filing or	(opti	ional) r tiling) Pursun	nt to 605 (120
nte: If the date inserted cument's effective da	ed in this block does	not meet the app	licable statutory fil			
Runent serieenve da	te on the isepartine	in or state a recon	us.			
record specifies	a delayed effect	ive date, but i	not an effective	time, at 12:01	a.m. on the	e earlier o
The 90th day afte	r the record is f	ilea.				
nted <u>05</u>	6	<u>20</u>	<u>3</u> .			;
	01, 1	11.0-	/			
	NVOD Signatur	e of a member or au	thorized representati	ve of a member		<i>t</i> ;

Page 3 of 3

Filing Fee: \$25.00