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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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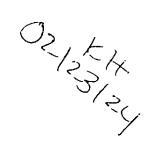
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COVER LETTER

Division of Corp	orations				
DMG BUSI	NESS INVESTMENT, LLC				
SUBJECT:	Name of Lim				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	DUBISAY MORALES G	UTIERREZ			
	DMG BUSINESS INVESTMENT, LLC				
Firm/Company					
KISSIMMEE, FL., 34747					
		City/State and Zip Code			
	info@dmgbusinessgroup.or	~		12 1917	
For further information co	E-mail address: (neerning this matter, please co	to be used for future annual report notificatio	a)	2024 FEB 13 SECKLI	1
DUBISAY MORALES G	UTIERREZ	786 6596722		ω ·	, :
Name of	Person	Area Code Daytime Tele	ohone Number	MIN: 40	, ,_
Enclosed is a check for the	following amount:			· m o	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status &	
Mailing Address	i ,	Street Address:			

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMG BUSINESS INVESTMENT	Γ, LLC		
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited lands document number L23000227560		y were filed on	and assigned
his amendment is submitted to amend the fol	llowing:		
L. If amending name, enter the new name	of the limited lia	bility company here:	
he new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
			2074 F
			CR.
 If amending the registered agent and/or gent and/or the new registered office addr 		address on our records, enter th	e name of the new register
Name of New Registered Agent:	N/A		AHIII 40
New Registered Office Address:			TATE OH
		Enter Florida street address	
		, Flor	ida
		City	Zip Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DUBISAY MORALES GUTIERR	1042 BOARDWALK PL	■Add
		KISSIMMEE, FL, 34747	□Remove
			□Change
AMBR	DUBISAY MORALES GUTIERR	1042 BOARDWALK PL	□ Add
		KISSIMMEE, FL, 34747	□Remove
<u></u>			EChange
			□Add
			SE Remove
			Add to the total tot
			[] Change
			□Add
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			Change
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ffective date, if other an effective date is listed, tote: If the date inserted ocument's effective date.	ed in this block does n	ot meet the appli	icable statutory fi	more than 90 days a ling requirements.	otional) fter filing.) Pursu this date will no	ant to 605,020 ot be listed a
record specifies a dela	iyed effective date, but	not an effective	time, at 12:01 a.r.	n, on the earlier of:	(b) The 90th	day after the
		2024	1			
FEBRUARY 06 Dated	(los	Pelon /	<u>/</u> .			
FEBRUARY 06	Signume	yeu of a member or aut	horized representat	ive of a member		

Filing Fee: \$25.00