## LZ3000Z3Z008

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## **COVER LETTER**

	ration Section on of Corporations		
	D GROUP 305 LLC	•	
SUBJECT:	Name of Li	mited Liability Company	<del></del>
The enclosed A	rticles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all	correspondence concerning this matter	er to the following:	
	DORGIS DELGADO		
		Name of Person	
	VID GROUP 305 LLC		2023 OCT 16 PM 1: 02  SESPENSY A 1: 02
		Firm/Company	
	9744 NW 4TH LN		10 P
		Address	
	MIAMI		: 02
		City/State and Zip Code	
	vidgroup305@gmail.com		<u></u>
		: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please	call:	
DORGIS DELC		1 3057637297 at ()	
	Name of Person	Area Code Daytime Telephone Nu	ımber
Enclosed is a ch	neck for the following amount:		
<b>■ \$25.00</b> Filin	ng Fee S30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tifficate of Status & tiffied Copy titional copy is enclosed)
	g Address:	Street Address:	
	tration Section ion of Corporations	Registration Section Division of Corporations	
P.O. 1	Box 6327	The Centre of Tallahassee	
Tallal	nassee, FL 32314	2415 N. Monroe Street, Sur Tallahassee, FL 32303	ite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VID GROUP 305 LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on 05/10/2023	and assigned
orida document number L23000232008		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		0Z3
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Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	6 PH 1:02
Name of New Registered Agent:		
New Registered Office Address:		
THE REGISTERE OTHER Address.	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	DORGIS DELGADO	9744 NW 4TH LN MIAMI FL 33172	\BAdd
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			(4!all)	
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be a file to the date of	be prior to date of fili	ing or more than 90 day	ys after filing.) Purs	suant to 605.026
te: If the date inserted in this block does not meet the cument's effective date on the Department of State's re-		ry ming requiremen	is, this date will	not be fisted a
		• <b> -</b>	-6 (b) Tb-00	
scord specifies a delayed effective date, but not an effect s filed.	ctive time, at 12:0	i a.m. on the eartier	01: (b) The 90t	n day after in
06/02//2023	$\wedge$			
ted 06/02//2023	0/,			
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Typed or printed name of signee