Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000220766 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I20160000021

Phone : (954)865-6607 Fax Number : (954)933-2634

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

∡ Email Address:\_

DLJR REALTY GROUP TO SEE THE SECOND S

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

Help JUN 2 1 2023

## COVER LETTER

	Registration S Division of Co	ection rporations		
	DLJR REA	ALTY GROUP LLC	-4	
SOBJEC	l:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		LUCIANO AARON LAN	1BERTINI	
			Name of Person	<del></del>
		MGR		
			Firm/Company	
		2130 NW 110TH LANE		
DLIR REALTY GROUP 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:  LUCIANO AARON LAMBERTINI  Name of Person  MGR  Pirm/Company  2130 NW 110TH LANE  Address  CORAL SPRINGS FL 33071  City/State and Zip Code sales@lgsglobaiservices.com  F-mail address (to be used for future annual report notification)  For further information concerning this matter, please call:  LUCIANO AARON LAMBERTINI  Name of Person  Area Code  Daytime Telephose Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Mailing Address:  Registration Section  Registration Section			<del></del>	
		CORAL SPRINGS FL 33	071	
				continui
For further	information c			cationy
		·		
at ()				
	Nume 6	1103011	Area Codo Daytime	cocphone Number
Enclosed is	s a check for th	e following amount:		
<b>■ \$</b> 25.00	Filing Fee	<del>-</del>	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.		ection orporations 7		orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLJR REALTY GROUP LLC		
(Name of the Limited Liability Company (A Florida Limited Liac	is it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company we	re filed on <u>06/15/2023</u>	and assigned
Florida document number L23000291951		
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 abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		<del></del>
Enter new mailing address, if applicable:		
-	<del></del>	~
(Mailing address MAY BE A POST OFFICE BOX)		2023
<del>_</del>		
		. ;
B. If amending the registered agent and/or registered office add	ress on our records, enter the name c	of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	÷ <del>.</del>
	-	<del> </del>
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office additionable to merely reflect a change in the registered office additionable to merely reflect a change in the registered office additionable to merely reflect as writing of this change.	formance of my duties, and I am famided for in Chapter 605, F.S. Or, if t	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

Jun 20 23, 07:15p , p.4

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

Title	<u>Name</u>	Address	Type of Action
MGR	MANUEL A GONZALEZ	2130 NW 110TH LN. CORAL SPRINGS FL 33071	_ □Add
			■Remove
MCD	D. 1400		_ □Change
MGR	DANIEL A GONZALEZ	2130 NW 110TH LN. CORAL SPRINGS FL 33071	≣Add
			🗆 Remove
			_ DChange
<del></del>			_ JAdd
			_ DRemove
			_ Change
·			_ 🗆 Add
			_ 🗆 Remove
			_ □Change
			_ □Add
		<del></del>	_ □Remove
			_ 🗆 Change
			_□Add
			Remove
			□Change

		<del></del>	<del></del>				
							*
		<del>_</del>	·				<del></del>
			<u>-</u>		<del></del> .	<u> </u>	<del></del>
						·	
		<del></del>		<del></del>	<del></del>		
		** <del></del>					
						<u> </u>	<del></del>
	·-		•	<del>_</del>	<del></del>	<u></u>	
	<del></del> -			<del></del>		· · · · · · · · · · · · · · · · · · ·	
			······································				
							_
							_
			<del></del>				<del></del>
		<u> </u>			<del></del>	<del></del>	
							<del></del>
					·	<del></del> -	_
Effective date, if other than t	ha data of	06/15/	2023				
If an effective date is listed, the date r	nust be specifi	ic and cannot be	prior to date o	filling or more t	optic han 90 days after	#1: n	605.02077
Note: If the date inserted in this document's effective date on the	DICCR GOES	not meet the a	oblicable stat	utory filing re	quirements, this	date will not be	listed as t
			0.03.				
record specifies a delayed effec	tive date, bu	tnotan effect	ive time, at 1	2:01 a.m. on t	ne carlier of: /b	The Only day	affar tha
rd is filed.			, , , , , , , , , , , , , , , , , , , ,		re carrier or. (o	The John day	arter tije
ILINE 20		2023					
Dated JUNE 20		2023	·				
Horand	تسطمطون						
al treating	CONCELL 1/1/2			resentative of a			

Filing Fee: \$25.00

Typed or printed name of signee