

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

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To:	
	Division of Corporations Fax Number : (850)617-6383
Fro	
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081
	Phone : (307)200-2803
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	he email address for this business entity to be used for future all report mailings. Enter only one email address please.**
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Electronic Filing Menu Corporate Filing Menu

Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Datboimiggz L.L.C.	ompany as it now appears on our rec		
(A Florida Lin	nited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Com Florida document number L24000242395	pany were filed on 05/28/24	a	and assigned
This amendment is submitted to amend the following:			
Appearance the All I the All I for the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviat	ilon "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			<del></del>
	<u> </u>		<del></del>
		·-	
Enter new mailing address, if applicable:			<i>G</i> A
Mailing address MAY BE A POST OFFICE BOX)			
•			<u></u>
B. If amending the registered agent and/or registered of	fice address on our records, <u>ent</u> e	er the name of th	
agent and/or the new registered office address here:		: <del>(</del> )	ED EN IS
			స్త 🔾
Name of New Registered Agent:		<u> </u>	2
New Registered Office Address:		1.1	<b>6</b> ]
	Enter Florida street addi	ress	
· <del></del>		Florida	
	Ciņ·	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 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
AMBR	Millan, Miguel	485 SE Calmoso Dr.	<b>⊠</b> Add
		Port St. Lucie Florida, 34983	
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ed.	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 meet the applicable statutory filing requirements, this date will not be lis State's records.  I an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
June 19th	2024
NW	t Smith
Signature of a	member or authorized representative of a member
Nat Smith	
Hat Olimin	Typed or printed name of signee