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(R	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
	OSRIZONTE ;;C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
	condence concerning this matter	_	
	JULIANA DIAZ		
		Name of Person	
	D&G GROUP CO LLC		
		Firm/Company	
	266 MERRY BROOK CIT	₹	
		Address	
	SANFORD, FL 32771		
	JULIANA@DIAZASSOCI	City/State and Zip Code	2 } ****
		to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
JULIANA DIAZ		321 5251990 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	na.
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: 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

VINOS HORIZONTE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. uted Liability Company)	.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on $\frac{10'03/2024}{}$	and assigned
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 I	Liability Company," the designation "LLC"	or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	1845 SW 118 CT No 81 MIAM	I FL 33175
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
	1845 SW 118 CT No 81 MIAM	LFL 33175
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 Bocument 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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	ed effective date, but n	ot an effective tir	ne, at 12:01 a.m. c	on the earlier of: (b)	The 90th day	y after the
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record specifies a delayer is filed.	4160E Signature of	a member or autho JELA. PE Typed or printe	RE2	of a member	MISTER STATE	OT 28 AM 10: 16