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(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
(Bu	isiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/



01/25/22--01024--004 **30.00



A. BUTLER FEB - 3 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ DR INVESTMENTS 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:

ANGEL ESPANOL REYES

Name of Person

DR INVESTMENTS GROUP, LLC

Firm-Company

1840 VETERANS DR

Address

KISSIMMEE, FL 34744

City/State and Zip Code

soniastax-travel@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL ESPANOL REYES

Name of Person

407 953-2034 at (_____)

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

DR	INVESTMENTS	GROUP. LLC
(Name of the Limi	ted Liability Comr (A Florida Limited	any as it now appears on our records.) [Liability Company]
		y were filed on <u>JANUARY</u> 05, 2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name (</u>	o <mark>f the limited lia</mark>	bility company here:
Ν/Λ		
The new name must be distinguishable and contain the	words "Limited Liab	oility Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
		Enter Florida street address

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.

Citr

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed front our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	MIGUEL ESPANOL CRUZ	1840 VETERANS DR	■ Add
		KISSIMMEE, FL 34744	🗌 Remove
			□Change
MGR	MANUEL ESPANOL REYES	1840 VETERANS DR	≣ Add
		KISSIMMEE, FL 34744	
			□Change
			🖸 Add
		<u> </u>	[] Remove
			⊡Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NI/A

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_ (optional)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	JANUARY 18	2022		
	:0/532			
		Signature of a member or authorized representative of a member		
		ANGEL ESPANOL REYES		
	Typed or printed name of signee			