

Jul. 17. 2015 2:34PM

L14 0000 68576

No. 0558 P. 1/5

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : I20140000049
Phone : (786)837-6787
Fax Number : (786)837-6787

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

Email Address: eric@epgdlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DMA ATOMIZER, LLC**

Certificate of Status	0
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JUL 21 2015
J SHIVERS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMA ATOMIZER, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/28/2014 and assigned Florida document number L14000068576

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED 15 JUL 20 AM 7:52 SECRETARY OF STATE ALLAHABAD, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: EPGD Attorneys at Law, P.A.

New Registered Office Address: 2701 Ponce de Leon Blvd., Ste. 202

Enter Florida street address

Coral Gables, Florida 33134

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	FRANCO FRUGGIERO	1309 SAGO LN	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTONIO DA SILVA	AVENIDA PROLONGACION PSEO	<input type="checkbox"/> Add
		COLON C/BVLLA251	<input checked="" type="checkbox"/> Remove
		PTO. LA CRUZ VENEZUELA, AZ 06023	<input type="checkbox"/> Change
MGR	FRANCO FRUGGIERO	1309 SAGO LN	<input checked="" type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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