L16000149238

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

		COVERDELLER		
TO: Registration Se Division of Co				
SUBJECT:	DMH TRUS			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.		
Please return all correspond	ndence concerning this matter	to the following:		
	DAVID	HERN Name of Person	_	
		Name of Person		
	DMH.	TRUST LLC Firm/Company		
		Pirm/Company		
	11455	SW 110 LN Address	SEP	FILED
		Address	2 2	
	1411	M FL 3317b City/State and Zip Code		Ü
	- N	City/State and Zip Code		.
	E-mail address:	ERNO3 @ GMAIL. (to be used for future annual report notifi	omion)	5
For further information co	oncerning this matter, please o	•	Canony	
DAVID HE	RN	at (786) 348 -	-3619	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Com (A Florida Limite		ords.)
The Articles of Organization for this Limited Liability Compar Florida document number 16000149238.	ny were filed on 8/10/	and assigned
Florida document number 21000171250.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
		•
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		75 5
		Fig. vs. m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		55 5
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street add	ress
		Florida
	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.

If Changing Registered Agent, Signature of Now Registered Agent

Sep. 21. 2016 12:25PM

No. 9915 P. 6

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>	Name	Address	Type of Action						
MGR	DAVID HERN	11455 SW 110 LM MIAMI, FL 331760 Add							
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Filing Fee: \$25.00