(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: DFMMJT	NVESTMENTS, LLC.				
	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.			
Please return all corresp	ondence concerning this matter	to the following:			
	Devon Nunneley				
		Name of Person			
	The Lockwood Law Firm				
		Firm/Company			
	106 E. College Avenue, St	nite 810			
		Address	· · · ·		
	Tallahassee, FL 32301				201
City/State and Zip Code devon@lockwoodlawfirm.com				APPK AV FIL 2019 MAY 29	
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please co	all:		U-1	ATPROVED AND FILED
Devon Nunneley		at (850 ) 727-5009		٠٠٠ ر	٠ م
Name c	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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
MGR	Sheri Cholodofsky	14810 NW 94TH AVENUE ALACHUA, FL 32615	Add
			□ Remove
			Change
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