L01000012901

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COVER LETTER

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emmerze.		VESTMENTS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	.
The enclosed	d Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return	i all correspo	ndence 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		
		devon@lockwoodlawfirm.c	City/State and Zip Code	
			to be used for future annual report	notification)
For further i	nformation co	oncerning this matter, please ca	all:	
Devon Num	neley		850 727-5009 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ALLANGE ALLANGE

DFMMJ	INVESTMENTS, LLC
-	(Name of the Lim

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

(A riona Limica	Claimity Company)	" ACTION
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L01000012901}{L01000012901}$.	were filed on (08/02/2001)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18770 N COUNTY ROAD 225	
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32609	
Enter new mailing address, if applicable:	18770 N COUNTY ROAD 225	
(Mailing address MAY BE A POST OFFICE BOX)	GAINESVILLE, FL 32609	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>ento</u>	er the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciţv	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 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>	Address	Type of Action
MGR	VICTOR MANCEBO	18770 N COUNTY ROAD 225 GAINESVILLE, FL 32609	
			Remove
			■ Change
MGR	SHERI CHOLODOFSKY	18770 N COUNTY ROAD 225 GAINESVILLE, FL 32609	
			□ Remove
			■ Change
			□ Add
			□ Remove
			Change
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			Remove
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ite: If the date inserted in thi	he date of filing:	(optional) g or more than 90 days after (fling.) Pursuant to 605,0207 (y filing requirements, this date will not be listed as the
record specifies a dela The 90th day after the	red effective date, but not an effect ecord is filed.	ive time, at 12:01 a.m. on the earlier of:
ed August 5	2019	
	eley	

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Typed or printed name of signee

Filing Fee: \$25.00