# L02000016213

(Re	equestor's Name)
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(Во	usiness Entity Name)
(De	ocument Number)
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SECRETARY OF STATE

AUG 2 4 2015

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## **COVER LETTER**

Division of Corp			
SUBJECT: DAH	M MECHANIC	AL LLC ited Liability Company	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
·	MARIE	DAHM Name of Person	
		Name of Person	
	DAHM	MECHANICAL LO	C
		Firm/Company	
	3201 Su	NSET DR. No.	
	ST. PETE	RSBURG FLA 33 City/State and Zip Code  1 GNS O AOL, CO o be used for future annual report notific	710
	MDES	IGNS (C) AOL, CO.	М
	E-mail address: (1	o be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	il:	
MARIE Name of I	AHM Person	at (727) 643 Area Code Daytime	2 - 9332 Telephone Number
Enclosed is a check for the	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
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAHM MECHAI	VICAL LLC
(Name of the Limited Liabili	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 20200016213	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enton non-mailing address if applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:	tered office address on our records, enter the name of the new ress here:
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability.  If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

. 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	MATTHEN C. DAHM	2844 GT WAY NORTH	D Add
		St. Petersburg, F/A. 33710	🗆 Remove
			Change
MGR	Richard E. Dahm	3201 SUNSET Dr. No.	□ Add
		Sr. Pelersburg, FlA	☐ Remove
			Change
MGR	MARIE S. Dahm	3201 Sunser Dr. No.	
		St. Pelersburg, FlA. 33711	Remove
		****	_D Change
			□ Add
			Remove
			Change
			Add
			Remove
		SICRETY LARA	and the same of th
		SSEE. FLOR	Remove 6

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etive date, if other	r than the date	of filing:	de CCI	(opt	tional)	
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