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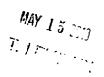
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2019 HAY -6 PO 1: 11



## **COVER LETTER**

TO: Registration S Division of Co	rporations			
SUBJECT:	DMP Inve	est ments, LLC		
	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondence	ondence concerning this matter	r to the following:		
		Jane Peterson		
		2820 Chadbourne Road		
	`	Cleveland, OH 44120		
		Ринконрац		
	<del></del>	Address		
		City/State and Zip Code		
	innanatar	·		
	E-mail address:	on 2820 c. g/Ma ) / . (to be used for future admual report noti	fication)	
For further information of	concerning this matter, please of	all:		
Ta. 0 1		211	/ 1- 7	
Name of	Jane Peterson at (216) 470.6107  Name of Person Area Code Daytime Telephone Number			
, tane o	., 0.5011	Med Code Daytini	с тетериоле (чиност	
Enclosed is a check for the	ha fallanian amana			
	·			
(a. \$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

DMP Inves	rments, Election
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company) 2013 HAY - 5
(A Florida Lim	ited Liability Company) 2019 HAY - 6 P 1: 1
The Articles of Organization for this Limited Liability Comp	pany were filed on 9-2 and assigned
Florida document number 40000 66976	Prilata Library
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 L	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	Jane Peterson
	2820 Chadbourne Road
	Cleveland, OH 44120
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Jane Peterson
	2820 Chadbourne Road Cleveland, OH 44120
	Cleveland, OR 44120
B. If amending the registered agent and/or registered registered agent and/or the new registered office address t	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, 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 New Registered Agent

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	Jane Peterson		Add Add
	2820 Chadbourne Road Cleveland, OH 44120		□ Remove
			Change
<del></del>	Daniel Patorson		□ Add
			Remove
			□ Change
	Keren Peterson		Add
			Remove
			☐ Change
			Add
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reffective : <b>te:</b> If the	date is listed, the date inserted in t	an the date of fi ate must be specific this block does n the Department	c and cannot be protot meet the app	licable statutory	g or more than 90 filing requirem	(optional) days after filing.) Pur ents, this date will	suant to 605.0207 ( not be listed as t
he 90th	day after the	e record is file	ed.			.2:01 a.m. on t	he earlier of:
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		Jane 1 Signature of	Rilen				
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_		Signature of	of a member or a	nthorized represent	tative of a membe	г	

Page 3 of 3

Filing Fee: \$25.00