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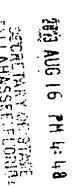
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PICK-UP	☐ WAIT	MAIL		
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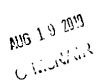
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## **COVER LETTER**

MO 16 THE WAY DMP Investments LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jane Peterson Name of Person **DMP Investments LLC** Firm/Company 2820 Chadbourne Road Address Cleveland, OH 44120 City/State and Zip Code janepeterson2820@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jane Peterson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. See A Hached Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS:

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

**Registration Section** 

**Division of Corporations** 

TO:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ART	CICLES OF C	O PGANIZATI	ION	_
	О	F		
DMP Investments LLC				The Market of the State of the
(Name of the Lim	ited Liability Compa (A Florida Limited I	iny as it now appears ( Liability Company)	on our records.)	TO THE PARTY OF TH
The Articles of Organization for this Limited I	Liability Company	were filed on 09/08	3/2004	and assigned
Florida document number 4000066996	<u></u> .			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC" or t	he abbreviation "L.L.C."
·		Jane Peterson		
Enter new principal offices address, if appli		2820 Chadbourne Road		
(Principal office address MUST BE A STREET ADDRESS)		Cleveland, OH 44120		
Enter new mailing address, if applicable:		Jane Peterson		
(Mailing address MAY BE A POST OFFICE	(BOX)	2820 Chadbourne Road		
Intuing maness may be a fost of fice boat		Cleveland, OH 44120		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>en</u>	ter the name of the ne
Name of New Registered Agent:	Jane Peterson			
New Registered Office Address:	205 Periwinkle	Way, Unit IA		
		Enter Florid	a street address	
	Sanibel		, Florida	33957
		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, <u>enter the title, name, and address of each person\_being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Jane Peterson	Jane Peterson	2820 Chadbourne Road, Cleveland, OH 44120	<b>∃</b> Add
		<del></del>	□ Remove
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be prior to lock does not meet the applical	date of filing or more than 90 days aft	
f the record specifies a delaye b) The 90th day after the rec		an effective time, at 12:01	a.m. on the earlier of:
Dated August 12	2019		
Omes	When	_ •	
<del></del>	Signature of a member of outhor	ized representative of a member	
Jane Peterson			
	Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00