## 10400094237

(Re	questor's Name)	
(Ãđ	dress)	
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(Cit	y/State/Zip/Phone	e #)
· PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

	Registration Se Division of Cor						
SUBJECT		OBRIEN LLC					
SUBJECT	· <u> </u>	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		DERMOT OBRIEN					
			Name of Person	<del></del>			
		DERMOT OBRIEN REAL	LTY				
		·	Firm/Company	<del></del>			
-		3800 N OCEAN DR					
			Address				
		RIVIERA BEACH, FL 33	404				
			City/State and Zip Code	**			
		INFO@DERMOT.COM		<del></del>			
		E-mail address: (	to be used for future annual report notifi	cation)			
For furthe	r information c	oncerning this matter, please ca	all:				
DERMO"	OBRIEN		561 340-1704 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed i	is a check for th	ne following amount:					
\$25.00	9 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

18 JUL 10 PH 2:45

DERMOT OBRIEN LLC

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

The Articles of Organization for this Limited Liability	Company v	were filed on	12/29/2004	and assigned
Florida document number 1.04000094237				
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liabil	lity company	here:	
DERMOT LLC				
The new name must be distinguishable and contain the words "L	imited Liabili	ty Company," tl	he designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3800 N OCEAN DR.		
(Principal office address MUST BE A STREET ADI	DRESS)	RIVIERA B	EACH, FL 33404	
Enter new mailing address, if applicable:		3800 N OCE	EAN DR.	
(Mailing address MAY BE A POST OFFICE BOX)	RIVIERA BEACH, FL 33404		<del></del>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:	ddress here	:		
New Registered Office Address: 380	00 N OCEAN			<del></del>
	Enter Florida street address			
RIV	VIERA BEAG	City	, Flo	rida 33404 Zip Code
Non-Designated Action Community of the state		Cuy		хір Сойе
New Registered Agent's Signature, if changing Registe	_			
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete p l agent as p ered office d	performance rovided for i	of my duties, and in Chapter 605, F	l I am familiar with and .S. Or. if this document is
	If Chan	ging Registered	l 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: FILED JUL 10 PH 2: 45 Type of Action MGR = Manager AMBR = Authorized Member <u>Title</u> Name | Address □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_ Change ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Affective date, if other than th	e date of filing:	(optional)
an effective date is listed, the date m	ust be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605.020 utory filing requirements, this date will not be listed a
locument's effective date on the		atory ming requirements, this date with not be listed a
		fective time, at 12:01 a.m. on the earlier o
The 90th day after the re	cord is filed.	
JULY 6	2018	
Dated	··	
	ennot CISia,	
	Signature of a member or authorized rep	resentative of a member
DERMOT OBRIEN		

Page 3 of 3

Filing Fee: \$25.00