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8. Tables SEP 2 0 2010

, p2

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RANCHOS LOS PARCEROS SOCIAL CLUB, L.L.C. 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:				
MR.MARCOS A JIMENEZ ASK TO AMENDMENT/REINS				
DM INTERNATIONAL INVESTMENT & COMMERCIAL COF				
13900 CR 455 S-107 #150 Address				
Clermont, FL 34711				
City/State and Zip Code				
dm_enterprisesllc@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MARCOS A JIMENEZat (_407_)				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
▼ \$25.00 Filing Fee				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rancheros Los Pa	rceros Social CI	ub, LLC	O ST	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)	P 2	
The Articles of Organization for this Limited Liability Com			and seviened a	
	pany were med on	0112012000	_ and assigned To	
Florida document numberL08000072836			2: AA	
			£5 085	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :		
DM INTERNATIONAL INVES	STMENT & COMMI	ERCIAL LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	nny," the designation "LL	.C" or the abbreviation	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere		our records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office addres	s nere:			
Name of New Registered Agent:				
New Registered Office Address:				
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Name Address Type of Action Title) Add Remove Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPT 10 2010 Dated Signature of a member of authorized representative of a member A. JIMENEZ Marcos Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00 STATE OF FLORIDA COUNTY OF SEMINOLE The foregoing instrument was acknowledged before me this 1/4 day of Sept, 2016, Marcas (Signature of Notary Public - State of Florida) Notary Public State of Florida Randall Thomson
My Commission DD985117 Expires 05/03/2014 (Printed Name of Notary) Personally Known ___ OR Produced Identification __

Type of Identification Produced FL Drivers License