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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL -6 PM 3: 56

T. HAMPTON
.III. - 7 2009

EXAMINER

COVER LETTER

FO: Registration Section Division of Corporations
DMR Event Marketing LLC
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:
Dearna Matyk Rivera Name of Person
DMR Event Marketing LLC
C/o Firm/Company
DMR Event Marketing LLC Firm/Company 2129 Cape Heather Circle Address
Address
Cape Coral, FL 33991 City/State and Zip Code dmr events & Cfl. rr. com
City/State and Zip Code
direvents a Ctl. rr. com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Deanna Matyk Rivera at (407. 782.8036) Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

DMR EVE	ENT MARKETING, I	LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	JAN 21, 2009	and assigned
Florida document number L0900006799	······································		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	•
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
•			<u>2</u> ≥ 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter new mailing address, if applicable:			927 927
(Mailing address MAY BE A POST OFFICE BO.		·	TO COR
			F SI POR M 3
			ATIO
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent	gistered office address on ddress here:	our records, enter th	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	É	Enter Florida street addr	eess
<u>. </u>		, 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 <u>Address</u> **Type of Action** <u>Title</u> William F. Rivera 6543 Lake Carlish Blvd MGR ☐ Add Remove ☐ Add Remove Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Matyk Riv Typed or printed name of signee Rivera Deanna

Page 2 of 2

Filing Fee: \$25.00