

L 100000 64940

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(Address)

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TALLAHASSEE, FLORIDA

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JUN 05 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DVM Investments, 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:

Maximilien Vallery-Masson

Name of Person

Firm/Company

150 E Bloomingdale Ave 216

Address

Brandon, FL 33511

City/State and Zip Code

mvm.usa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maximilien Vallery-Masson

813 399-6816

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

SECRETARY OF STATE
TALLAHASSEE, FL

2016 JUL - 1 P 12:55

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DVM Investments,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 were filed on 6/17/10 and assigned
Florida document number L10000064940.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Olivia Claire Massue	150 E Bloomingdale Ave 216	☒ Add
		Brandon, FL 33511	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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2018 JUN 14 10:52
 FILED
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

2016 JUL -1 PM 12:11
STREETVIEW SHOT
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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06/27/2016, _____.

Signature of a member or authorized representative of a member

Maximilian VALLEY-MASSON.
Typed or printed name of signer