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SECKETARY OF STATE

14. Scallbar All 18 2014

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: DMSK 3 LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fec(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
HEATHER A. ZARDUS, EGQ. Name of Person THE LAW OFFICE OF BERMAN & BERMAN, P.A.						
Firm/Company						
P.O. BOX 272789						
Address						
BOCA RATON, FL 33427 City/State and Zip Code						
hzardus Otheberman awaroup. com E-mail address: (to be used for figure annual report notification)						
For further information concerning this matter, please call:						
Heather A. Zardus at (561) 826-5200 ext. 224 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 \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ C						

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

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SECKETARY OF STATE TALLAHASSEE, FLORIDA

DM-K3 LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>と1000/25788</u>	Company were filed on $\frac{12/8}{}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID MYERS	7534 INDIAN TRAIL	Add
		7534 INDIAN TRAIL POLAND, OH 44514	Remove
			Remove
			□ Remove
			□ Remove
			 □ Add
			□ Remove
			Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
•	Effective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated
	2-1-
	Signature of a member or authorized representative of a member
	Samuel W Koster

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Filing Fee: \$25.00

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