

L11000033998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 18 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 13 PM 1:38

FILED

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Darmo 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:

Kathy Jackson  
Name of Person

Darmo LLC  
Firm/Company

7050 W. Palmetto Park Road  
Address

Boca Raton, FL 33433  
City/State and Zip Code

kathyjackson98@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Jackson at ( 954 ) 592 5460  
Name of Person 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

FILED  
2011 MAY 13 PM 1:33  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL 32301

**TO  
ARTICLES OF ORGANIZATION  
OF**

**Darmo 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 March 21, 2011 and assigned  
Florida document number L11000033998.

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 end with 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)**

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TALLAHASSEE FLORIDA

**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 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

or Managing Member being added or removed from our records:

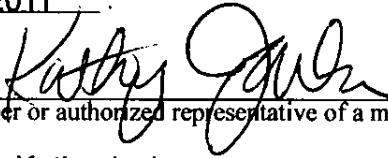
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                                             | <u>Type of Action</u>                                                      |
|--------------|---------------|------------------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Michael Danto | 7050 W. Palmetto Park Road #15-552<br>Boca Raton, FL 33433 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Lou Saslow    | 7050 W. Palmetto Park Road #15-552<br>Boca Raton, FL 33433 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |                                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 9, 2011

  
Signature of a member or authorized representative of a member

Kathy Jackson

Typed or printed name of signee