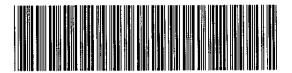
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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section **Division of Corporations**

DMS & S, 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:

Name of Person

Firm/Company

4705 NW 41st St

Gainesville FL 32606

City/State and Zip Code

shannon@strictlytoolboxes.com

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

For further information concerning this matter, please call:

Shannon Flesner

at (352) 672-6566

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE
FALL MASSIE PLONG

2 4 1 to

DMS & S 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	y Company were filed on 11/06/2012	and assigned
Florida document number L12000140639		
This amendment is submitted to amend the following	· ;	
A. If amending name, enter the new name of the li	imited liability company here:	
DMS & S Properties LLC		
The new name must be distinguishable and end with the vul.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A. W.	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office and a new registered office are new registered.	gistered office address on our records, ddress here:	, enter the name of the new
- Spanner upon the state and a spanner of the tr	HALLON JICI C.	
Name of New Registered Agent:		
New Registered Office Address:		
New Actisticied Office Address.	Enter Florida s	treet address
	. Flo	orida
	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

3522268579

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:

<u>Name</u>	Address	Type of Action
		Add
		Remove
		_ [] Kemove
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		Remove
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_ d 11-	-18-12
~ <u> </u>	SUCI
	Signature of a member or authorized representative of a member
	Shannon L Flesner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00