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COVER LETTER

Division of Cor			
DMX GRO			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter (to the following:	
	CHRISTIAN DANTAS		
	DMX GROUP, LLC.	Name of Person	
	6928 BRESCIA WAY	Firm/Company	
	ORLANDO, FL 32819	Address	
	CHRISTIANBDANTAS@C	City/State and Zip Code JMAIL.COM	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information (concerning this matter, please ca	all:	
CHRISTIAN DANTAS		407 4731755	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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

DMX GROUP, LLC.			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our re la Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability C Florida document number L13000160000		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	
			7
			27 E
Enter new mailing address, if applicable:			<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)			- <u>i</u> - w
		·	<u>n = :</u>
B. If amending the registered agent and/or regi	stored office address on our rec	ords anter the	Ename of the r
registered agent and/or the new registered office add		orus, <u>enter the</u>	Thanke Marile I
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Enter Florida street a		
	Enger Frontia street a		
	City	_, Florida	Zap Code
Nam Danistand Agent's Cianatura if abanaing Degisters	•	•	Sep Ciril

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
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Effective date, if other than the fan effective date is listed, the date many of the late in this late in the document's effective date on the	ust be specific and ca block does not mee	nnot be prior to d t the applicable	ate of filing or more th	an 90 days after fili uirements, this da	ng.) Pursuant to 605.00	207 i as t
e record specifies a delaye The 90th day after the re		e, but not a	n effective time	, at 12:01 a.m	i. on the earlier	of
APRIL 22 Dated	:	2019	•			
	· ·-	1/1/20	St			
	Signature of a mer		d representative of a			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00