## L14000041652

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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(Document Number)
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SFFECTIVE DATE

2014 DEC 22 PM 12: 47

N. COMPANY DEC 30 2014

## COVER LETTER

	stration Section of Corpo			
SUBJECT:	DBM IT &	Accounting Solutions,	LLC	
SUBJECT: _		Name of Limit	ted Liability Company	<del></del>
The enclosed A	Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return a	ill correspond	ence concerning this matter t	o the following:	
		Dylan B. Monroe		
			Name of Person	
		DBM IT & Accounting	g Solutions, LLC	
			Firm/Company	
		1630 Stonehaven Dr	: APT 2	
			Address	<del></del>
		Boynton Beach, FL 3	33436	
			City/State and Zip Code	
		Dylan@dbmco.org		
For further info	ormation con	e-mail address: (to	o be used for future annual report notifica	lion)
Dylan B. M	lonroe		561 212-2772	
	Name of P	erson	Area Code Daytime To	elephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ing Fee	■ \$30.00 Fiting 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 DEC 22 PM 12: 47 OF

MEDIE ANY DE STATE FALLANASSEE, FLORIDA

## DBM IT & Accounting Solutions, LLC

company has been notified in writing of this change.

(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 2.20.2014	and assigned
Florida document number L14000041652	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
DBM Accounting Solutions, LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC	O" 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	istered office address on our records	enter the name of the new
registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
Nam Bacistand Office Address		
New Registered Office Address:	Enter Florida street address	s
	771	• •
	, FIG	orida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent	<del> </del>	rthar acrea to comply with the
provisions of all statutes relative to the proper and a		
accept the obligations of my position as registered a	agent as provided for in Chapter 605, I	F.S. Or, if this document is
being filed to merely reflect a change in the register	rea office address, I hereby confirm tha	at the limited liability

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
			□ Add
			□ Remove
			□ Add
			Remove
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		<del></del>	□ Remove
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Page 3 of 3

Filing Fee: \$25.00

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