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W1720 J. PHUCE

TO: Registration Section Division of Corporations	
SUBJECT: DHM CUS toms / 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:	
Manie of Person	
DH an Customs, LLC. Firm/Company	
1900 Stone Pd. Address	
Pierson FL 32180 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call:	**
Name of Person Area Code Daytime Telephone Number	1
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

1

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHM CUSTOMS, LLC.		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for Florida document number 1400057495.	iled on 4125/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and end with the words "Limited Liability Co	npany," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the	new
Name of New Registered Agent:		7
New Registered Office Address:	1.71	NAME AND STREET
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Zipucode 7: 06	-
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfo- accept the obligations of my position as registered agent as provide	mance of my duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Manager

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Pierson, FL 32180 _□ Remove Fre Doniel Herrora MGR □ Add _□ Remove □ Add Add AM Server SERVER □ Add ☐ Remove

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eive date, if other than the date ective date must be specific, cannot be the this document is filed by the Floridate that the date must be specific, cannot be the floridate that the date of the floridate that the floridat	te of filing: 4 18 204 to prior to date of receipt or filed date and cannot be la Department of State)	(optional) more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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