L14 000072874

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		DBM Manate			•
SUBJEC	CT:		Name of Limite	ed Liability Company	
The encl	losed	Articles of A	amendment and fee(s) are subm	nitted for filing.	
			dence concerning this matter to		
			David S Morgan		
				Name of Person	
			DBM Manatee LLC		
				Firm/Company	
			888 17th St NW, #205, Was	shington DC, 20006	
				Address	
			Washington DC, 20006		
				City/State and Zip Code	
			pmorgan@selmanagement.c	om o be used for future annual repo	rt notification)
For fur	ther i	nformation co	oncerning this matter, please ca		
David				202 436 07	
		Name of	f Person	Area Code I	Daytime Telephone Number
Enclos	sed is	a check for th	ne following amount:		
		Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Re	ailing Addres	Section		on Section
		ivision of C O. Box 632	Corporations 27		of Corporations e of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L14000072874		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	121 S Washington Dr	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236	7020 DE.C
		PE T
Enter new mailing address, if applicable:	888 17th St NW. Suite 205	-8 P.
(Mailing address MAY BE A POST OFFICE BOX)	Washington DC, 20006	72
		28
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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 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 Amoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the n effective date is listed, the date mu	st be specific and canno	t be prior to date of	f filing or more than 90 c	_ (optional) lays after filing.) Pursuant	to 605,020
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cument o creative date on the c					
ecord specifies a delayed effecti	ve date, but not an eff	ective time, at 1	2:01 a.m. on the earli	er of: (b) The 90th da	y after the
is filed.					
December 2	202	0			
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Typed or printed name of signee