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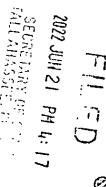
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	J. HORNE AUG 1 1 2022	

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COVER LETTER

TO: Registration Division of C	Section Corporations		•
DMP EN	NTERPRISES, LLC		
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ERICA PUGLESE		
		Name of Person	
	DMP ENTERPRISES, LL	C	
		Firm/Company	
	6672 NW 63RD WAY		
		Address	
	PARKLAND, FL 33067		
		City/State and Zip Code	A
	ERICAGPUGLIESE@GM.	AIL.COM to be used for future annual report notiff	ication)
For further information	on concerning this matter, please co	·	
ERICA PUGLIESE		954 857-1702	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	Status □ \$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 Add		Street Address:	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

EllEU

DMP ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.) LORE TABLE OF (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/04/2014}{1}$ and assigned Florida document number L14000089833 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: ERICA PUGLIESE Name of New Registered Agent: 6672 NW 63RD WAY New Registered Office Address: Enter Florida street address _____, Florida 33067
Zip Code PARKLAND City

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIEGO PUGLIESE	6672 NW 63RD WAY	□Add
		PARKLAND, FL 33067	Remove
			Change
MGR ERICA PUGLIESE	ERICA PUGLIESE	6672 NW 63RD WAY	
	PARKLAND, FL 33067	□Remove	
		□ Change	
		□Add	
		Remove	
		Change	
			□Remove
		Change	
		\ \ _Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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(If an of Note:	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Diego Kigling
	Signature of a member or authorized representative of a member O (090 PO) (05) Typed or printed name of signee

Filing Fee: \$25.00