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# **COVER LETTER**

TO: Registration Section Division of Corp.	tion orations			
SUBJECT: DM	Name of Lin	165 LL C		
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please return all correspond	dence concerning this matter	r to the following:		
	LARRY	Ser U (		
	LARRY	Seru/ CPA	PA	
	68600	H RO 7	#300	
	Soca	Raton FL	33483	2014 NOV -
	LARCY C	City/State and Zip Code  ARRY Jeyu ( (to be used for future annual report noti	CPA. COM	TARY OF THE TARY O
For further information con	ncerning this matter, please of	call:		SI TO
LARRY Name of	Seru/ Person	at (914) 74 Aren Code Daytim	T-850 9 e Telephone Number	# 918-553
Enclosed is a check for the	e 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 Certificate o Certified Co (additional cop.	f Status & py

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

Dem HOLDINGS LhC
(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
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 end with 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:
· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida Zip Code
City Zip Code 114  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 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>:

MGR = Ma $AMBR = Aa$	anager uthorized Membe	er		
<u>Title</u>	Name		Address	Type of Action
MGR_	Dravel	CASTILLD	9936 NW 10Th TPRRACE	Add
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	mending any other information, enter change(s) here: (Attach addi	itional sheets, if necessary.)
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Effe	native data if other than the data of filings	(1)
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(The e	effective date must be specific, cannot be prior to date of receipt or filed date and cannot date this document is filed by the Florida Department of State)	(optional) of be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

