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- (Ad	dress)	
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K.SALY EXAMNER JUN 1 6 2015

COVER LETTER

	istration Secti ision of Corp			
SUBJECT:	Damien T. L	ee, LLC	,	
SUBJECT.		Name of Limit	ted Liability Company	
		mendment and fee(s) are subn	-	
		Damien Lee		
		.	Name of Person	-,,
			Firm/Company	
		4300 Jog Rd., Apt.#541463		
		Greenacres, FL 33467	Address	
		damientlee@gmail.com	City/State and Zip Code	
			o be used for future annual report notifica	ition)
For further i	nformation co	ncerning this matter, please ca	Ш:	
Damien Lee	:		561 358-8019 at () Area Code Daytime T	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is	a check for the	e following amount:		
≅ \$25.00 H	Filing Fce	□ \$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 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

FILED 2015 JUN 15 PH 3:42

Damien T. Lee., LLC (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 $\frac{1/12/2015}{1}$ and assigned Florida document number L15000006350 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: Name of New Registered Agent: 4300 Jog Rd., Apt#541463 New Registered Office Address: Enter Florida street address Florida 33467
Zip Code Greenacres 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 = AMBR =	Manager - Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	2015 JUN 15 PK 3: 1.2	Type of Action
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fective date, if other than the date in effective date is listed, the date must be ste: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior to date does not meet the applicable s	of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.0 ts, this date will not be listed
record specifies a delayed e The 90th day after the record		effective time, at 12	:01 a.m. on the earlier
June 11	2015		
(i)			
<u> </u>	mature of a member or authorized		
Sic	nature of a member or authorized	representative of a member	

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