# L150000 41690

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Signature MAY 0.1 Mills

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	IM Autob-Rout Name of Lin	o // C nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marco	2 Lope Z Name of Person	
	D&M Aut	Firm/Company	<del></del>
	2422 Lieb	A S U S D   2 Address	
	oRlando fl	32 735 City/State and Zîp Code	
	D_Mattoble E-mail address:	City/State and Zip Code  City/State and Zip Code  Color Color to be used for future annual report notified	ication)
For further information	concerning this matter, please c	all:	
Marco Name o	of Person	at (8/3) 45-8 Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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

DEM HUTOGROW	PLLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on March le 26/5 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "L.L.C." 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 offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	S AP
New Registered Office Address:	SS 27
	Enter Florida street address
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	\$5 (c)
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	marco Lopez	2422 LieLASUS DR	□ Add
MGR		2422 LieLASUS DR ORlando Fl, 32835	☐ Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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ective date, if	other than the date of filing:	(optional)
	other than the date of filing:  ost be specific, cannot be prior to date of receipt or filed date and cannot be filed by the Florida Department of State)	(optional) t be more than 90 days after
date this documen	nt is filed by the Florida Department of State)	(optional) t be more than 90 days after
date this documen	nt is filed by the Florida Department of State)	(optional) t be more than 90 days after
e date this documer		(optional) t be more than 90 days after
ne date this documen	nt is filed by the Florida Department of State)  22.2015,	
date this documen	nt is filed by the Florida Department of State)	
date this documen	nt is filed by the Florida Department of State)  22.2015,	ve of a member

Page 3 of 3

Filing Fee: \$25.00

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