

L15000054441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

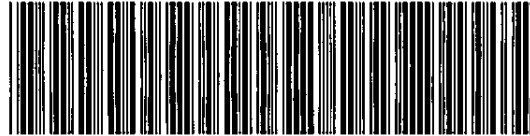
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271087307

04/02/15--01022--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE SERVICES
15 APR - 2 PM 12:49

C.L.
4-20-15

PRESSLY & PRESSLY, P.A.
attorneys at law

Esperante Building
222 Lakeview Avenue, Suite 910
West Palm Beach, Florida 33401-6112
Phone: (561) 659-4040
Fax: (561) 655-6006

James G. Pressly, Jr.
David S. Pressly
John W. Randolph, Jr.
J. Grier Pressly, III

April 1, 2015

VIA FEDERAL EXPRESS

Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: DM Florida Operating LLC
Document No. L15000054441**

Dear Madam/Sir:

Enclosed please find the following:

1. An original and one copy of the Articles of Amendment to Articles of Organization.
2. Check made payable to the Florida Department of State in the amount of \$25.00 representing payment-in-full for the filing fee of the above document

Please file the original and return the copy to my office stamped "received" in the provided return stamped envelope.

Thank you.

Sincerely yours,



JOHN W. RANDOLPH, JR.

JWRjr/msg
Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -2 PM 12:49

DM FLORIDA OPERATING 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 March 26, 2015 and assigned Florida document number **L15000054441**

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

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Damon Mezzacappa	1485 S. Ocean Boulevard	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
MGR	Katherine Bryan	1485 S. Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

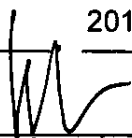
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -2 PM 12:49

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1 2015



Signature of a member or authorized representative of a member

Damon Mezzacappa

Typed or printed name of signee