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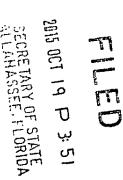
(Re	questor's Name)	
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•			COVER LETTER,	d	·
TO:	Registration S Division of Co		8		•
CHD	DME JECT:	GROUP, LLC			
SUBI	JEC1:	Name of Lim	ited Liability Company		
The e	nclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please	e return all corresp	ondence concerning this matter	to the following:		
		Maria R Garcia			
			Name of Person		_
			Firm/Company		_
		20423 State Road 7	Suite F6-277		
			Address		_
		Boca Raton, FL 33-	498		
			City/State and Zip Code		_
		LakcArjaro@gmai E-mail address: (1	l.com to be used for future annual report notif	ication)	
For fu	urther information	concerning this matter, please ca	nii:		
E	dward Garcia		267 988 - 5876 at ()		
	Name	of Person	Area Code Daytimo	Telephone Numb	<u> </u>
Enclo	sed is a check for	the following amount:			
₩ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

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

DME GROUP, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appe</mark> Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL15000071437	were filed on _	04/14/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	e designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4889 Lake Ar	jaro Dr	
Principal office address MUST BE A STREET ADDRESS)	West Palm Be	each, FL 33407	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	20423 State R Boca Raton, F	Coad 7 Suite F6-277 TL 33498	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		on our records, <u>en</u>	ter the name of the n
New Registered Office Address:	Enter Fi	orida street address	
		, Florida	
	City	, rioriua	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 ampfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605. E.S. OF, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the Timited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

部 5 5 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

litle	<u>Name</u>	Address	1 ype of Action
MGR	Maria R Garcia	4889 Lake Arjaro Dr	□ Add
		West Palm Beach, FL 33407	☐ Remove
			E Change
AMBR	Danilo Garcia	4889 Lake Arjaro Dr	
		West Palm Beach, FL 33407	□ Remove
			☐ Change
MGR	MGR Edward Garcia	4889 Lake Arjaro Dr	
		West Palm Beach, FL 33047	☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add . ,
		•	Remove Change
			ORIDE GRemove
			Change

f amending any other in		enange(s) nere. (m	or dadinonar sin	ceis. If necessary	•/
					
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ffective date, if other th	an the date of fili	ng:		(optional)	
an effective date is listed, the other. If the date inserted in	this block does not	meet the applicable st			
ocument's effective date of	n the Department of	State's records,			
e record specifies a d The 90th day after th			effective time, a	t 12:01 a.m. o	on the earlier o
October 13		2015			
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		// \ '	_		t 1
	Signature of a	a member or authorized r	epresentative of a mer		
				ARY ASSE	
	Signature of a	Garcia Typed or printed name			

Page 3 of 3

Filing Fee: \$25.00