L150000114A

(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MA	ML
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status	
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FLORIDA CAPITAL COURIER SE 2330 CLARE DRIVE TALLAHASSEE, FL 32309. (850) 524-5437 (850) 524-6243	rvices, inc
Please use funds from this account: I Authorization Signature DMCG, LLC L15000071669 BUSINESS	
Certified Copy of Articles Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	X_Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Correction
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
TrademarkAnnual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLE _ Country	Other
	2330 CLARE DRIVE TALLAHASSEE, FL 32309. (850) 524-5437 (850) 524-6243 Please use funds from this account: I Authorization Signature DMCG, LLC

EXAMINIER'S INITIALS:____

COVER LETTER

Div	ision of Corp	porations		
our te car	DMCG, LLG	С		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		CHRISTY BRADY JANS	SEN, ESQ	
			Name of Person	
		CHRISTT BRADY JANS	SEN, P.A.	
Firm/Company				
		120 S OLIVE AVE., STE	504	
			Address	
		WEST PALM BEACH, FI	. 33401	
		w-p	City/State and Zip Code	
		hawkesdaniel@aol.com	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca		
Christy Bra			561 707-0996 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Section 5 Section 5 Section 6 Sectio
	ailing Addres		Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ED

2023 . 14 PH 12: 55 DMCG, 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 April 23, 2015 and assigned Florida document number L15000071669 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: Daniel Rappold Name of New Registered Agent: 8620 North Passage Way New Registered Office Address: Enter Florida street address Tequesta

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, 5.5. 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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	MARK MARCELLO	5009 S. FLAGLER DRIVE	
		WEST PALM BEACH, FL 33405	≣Remove
			□Change
			□ Remove
			☐ Change
			□Add
			□Remove
			□ Change
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Effective date, if of the an effective date is is Note: If the date ins	ted, the date must be serted in this block of	e of filing: _ pecific and can does not meet	not be prior to da the applicable	ate of filing or more statutory filing r	than 90 days after f	iling.) Pursuan	it to 605.0207 be listed as
document's effective	cuate on the Depar	ment of State	5 Tecorus.				
ne record specifies a d	elaved effective da	te, but not an	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th d	ay after the
ord is filed.	•						
June 13		_2	023				
Dated June 13		— ()					
	-) (d representative of			
(

Filing Fee: \$25.00