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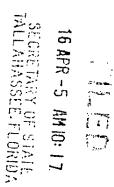
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J SHIVERS

COVER LETTER.

10;	Registration Sec Division of Corp			
SUBJE	DAPM LLC			•
3000	<u> </u>	Name of Limi	ted Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Regina Campbell, Esq.		
			Name of Person	
		The Campbell Law Group,	P.A.	
			Firm/Company	·
		2000 Ponce De Leon Blvd	, 6th Floor, Coral Gables, Florida 33	134
			Address	
		Coral Gables, Florida 3313	34	
			City/State and Zip Code	
		r.campbell@thecampbelllav	-	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Regina	Campbell, Esq.		305 328-9506	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

DAPM LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number $\frac{L16000001865}{L16000001865}$	mpany were filed on $\frac{01/04/2016}{}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	·
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r the name of the ne
Name of New Registered Agent:		No
New Registered Office Address:		G AF
New Registered Office Address.	Enter Florida street address , Florida	7888 -5 -5 -5
	, Fiorida, City	Zip Carle
New Registered Agent's Signature, if changing Registered A	Agent:	5 5 C
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change	nplete performance of my duties, and I am nt as provided for in Chapter 605, F.S. O	familiar with and r, if this document is

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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
		AR-acceditive at P-11- Parameter	☐ Remove
			☐ Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Changa

Thank you.	•		
	_	<u> </u>	
	-		
ote: If the date inserted in this	he date of filing: nust be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	of filing or more than 90 days	(optional) s after filing.) Pursuant to 605.02 s, this date will not be listed a
record specifies a delay The 90th day after the re	ed effective date, but not an e ecord is filed.	effective time, at 12:	01 a.m. on the earlier
	2016		ZS =
April I			o
ted April 1	Ma no		À
tted April 1	Signature of a member or authorized i		APR-5

Page 3 of 3

Filing Fee: \$25.00