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2019 FLS -7 PD 3: #9

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Darmerica UC Name of Lim	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:	<del></del>	
	<u> Wayne</u>	Macinnis Name of Person		
	Darmer	CICA UC Firm/Company		
	198 Wils	Shire Blud		
		FLorida 3270 City/State and Zip Code		
	E-mail address:	to be used for future annual report notifi	cation)	
For further information co	ncerning this matter, please co			
Hyle Haw	NQ Person	$\frac{1}{\text{Area Code}} = \frac{321}{\text{Daytime}}$	Telephone Number	KN.
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 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 enclo	

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

Darmevica CC (Name of the Limited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we	ere filed on April 5, 2016 and assigned
Florida document number <u>L 160060 704 78</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	
	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Syveon Liu	800-425 Universite Ave	
		200-425 Universite Ave Toronto, Ontario, Canada	<b>j</b> Remove
		MS4 176	
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			Remove
			Change
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an eff <u>ote:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	February 3rd 2019
	Signature of a morriber or authorized representative of a member
	Kyle Hamza

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Filing Fee: \$25.00