

L16000108322

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FILED
JUL 10 2017
17
17-51017

D. SCOTT

JUL 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLOUDENDURE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER R. QUALMANN

Name of Person

DMB TECHNOLOGY, LLC, f/k/a CLOUDENDURE, LLC

Firm/Company

1625 NW 3rd AVENUE, #3

Address

GAINESVILLE, FL 32603

City/State and Zip Code

equalmann@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER R. QUALMANN

407 461-7523
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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**

CLOUDENDURE, 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 06/03/2016 and assigned
Florida document number L16000108322.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DMB TECHNOLOGY, LLC

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:

13489 RUSTIC PINES BLVD. S.

(Principal office address MUST BE A STREET ADDRESS)

SEMINOLE, FL 33776

Enter new mailing address, if applicable:

13489 RUSTIC PINES BLVD. S.

(Mailing address MAY BE A POST OFFICE BOX)

SEMINOLE, FL 33776

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:

(Same as Previous - Chris Silveira)

New Registered Office Address:

13489 RUSTIC PINES BLVD. S.

Enter Florida street address

SEMINOLE

City

Florida 33776

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIAN C. CONNOLLY	13489 RUSTIC PINES BLVD. S.	<input type="checkbox"/> Add
		SEMINOLE, FL 33776	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OLANA CONNOLLY	13489 RUSTIC PINES BLVD. S.	<input type="checkbox"/> Add
		SEMINOLE, FL 33776	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

As these "Articles of Amendment" reflect, the changes being made are as follows: (1) Change of the name of the LLC from "CLOUDENDUE, LLC" to "DMB TECHNOLOGY, LLC"; (2) Change of the principal address and mailing address of the LLC; (3) Change of the address for the Registered Agent; and (4) Change of the address for the Manager and Authorized Member.


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

 **DIRECTOR OF COMPLIANCE AND BUSINESS AFFAIRS**
Signature of a member or authorized representative of a member

Christopher R. Qualmann, Director of Compliance and Business Affairs

Typed or printed name of signee