

# L16000120327

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

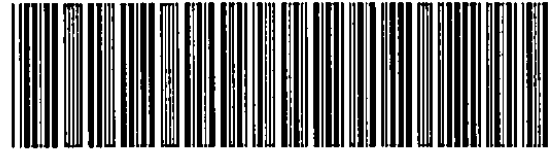
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AUG 11 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASSEMBLY INVESTMENT PROPERTY, 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:

OBED SAGET

\_\_\_\_\_  
Name of Person

ATLAS RESOURCE CONSULTING LLC

\_\_\_\_\_  
Firm/Company

324 DATURA STREET

\_\_\_\_\_  
Address

WEST PALM BEACH FL 33401

\_\_\_\_\_  
City/State and Zip Code

SAGET12@YAHOO.COM

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

For further information concerning this matter, please call:

OBED SAGET

954

608-9728

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 Address:**

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

TO  
**ARTICLES OF ORGANIZATION**  
**OF**

ASSEMBLY INVESTMENT PROPERTY, LLC

2026 JUN 25 PM

(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 06/22/2016 and as  
Florida document number L16000120327.

This amendment is submitted to amend the following:

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

DEMARKO MANAGEMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

**Enter new principal offices address, if applicable:**

324 DATURA ST STE 210

**(Principal office address MUST BE A STREET ADDRESS)**

WEST PALM BEACH FL 33401

**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 ne agent and/or the new registered office address here:**

Name of New Registered Agent:

ATLAS RESOURCE CONSULTING LLC

New Registered Office Address:

324 DATURA STREET STE 150

*Enter Florida street address*

WEST PALM BEACH

Florida 33401

*City*

*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**

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	OBED SAGET	1719 15TH AVE N	<input checked="" type="checkbox"/> Ac
		LAKE WORTH FL 33460	<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	SIUS SAGET	6144 OAK ROYAL DR	<input checked="" type="checkbox"/> Ac
		LAKE WORTH FL 33463	<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
MGR	MELY, LLC	324 DATURA STREET STE 150	<input type="checkbox"/> Ac
		WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
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			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch

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

Dated \_\_\_\_\_:

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rick Charles

Typed or printed name of signee