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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration So Division of Con			
UZEL - SA SUBJECT:	ARMAT INVESTMENT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	FELIX G. MONTANEZ,	ESQ.	
		Name of Person	
	RYAN CONSULTING G	ROUP, P.A.	
		Firm/Company	
	8875 HIDDEN RIVER PA	ARKWAY, SUITE 300	
		Address	
	TAMPA, FL 33637		
	sarmat72@yahoo.com	City/State and Zip Code to be used for future annual report no	(Gention)
For further information c	concerning this matter, please c	•	micanon
S. ALEXANDER MOG	HADASI	813 448-1280	
Name o	of Person	Area Code Daytin	nc Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UZEL - SARMAT INVESTMENT, LLC

FILED

OZEL - SARVIAT INVESTMENT, LLC		LUZY DEC 10
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on o	our records.) 7: 04
(A Fiorida Lin	mited Liability Company)	Selveto
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{07/13/20}{1}$	DIG TALLAHAS STATE
Florida document number L16000131960		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
DMS Property Investments, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		```
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Tice address on our record	ls, enter the name of the new register
agent and/or the new registered office address here:		- Toping
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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

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 ABBY SARMAT	ABBY SARMAT	16321 HUTCHISON ROAD	
		TAMPA, FL 33625	Cin
		□Change	
			□Add
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			☐Add
			□Remove
		□ Change	
	·	□Add	
		□Remove	
			∏Change.

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
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an effect Vote: If	date, if other than the date of filing:
record s i is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	12/10/24
	X
	Signature of a member or authorized representative of a member
	Serkan Sarmat
	Typed or printed name of signee

Filing Fee: \$25.00