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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

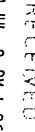


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TO:	Registration Section
	Division of Corporations

DMR WESTSHORE LLC

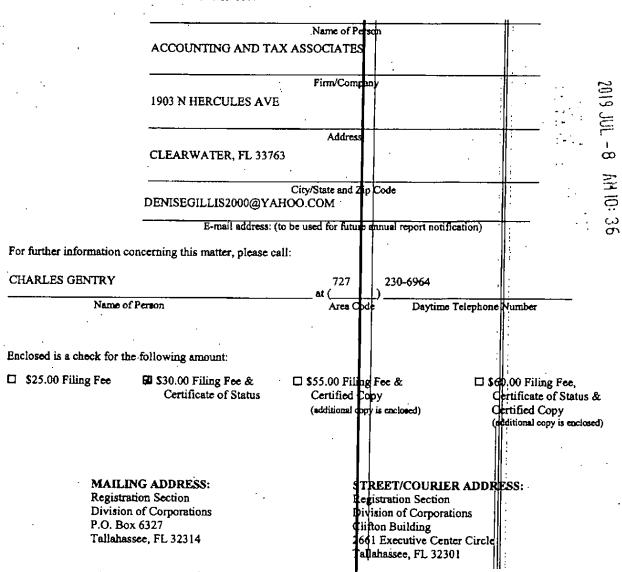
SUBJECT:

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:

CHARLES GENTRY



ARTICLES OF AN

DMR WESTSHORE LLC	·0 ·
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L17000005165	01/06/2017 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 9
(Principal office address MUST BE A STREET ADDRESS)	7 5 2
1	₩
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	······································
New Registered Office Address: Enter I	lorida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	" Zip Code

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

Title	Name	Address !		Type of Action
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