

L17000082659

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DM COMMERCIAL LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

2018 DEC -3 PM 1:16

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A. LUNT

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

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DM COMMERCIAL 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 APRIL 12TH, 2017 and assigned
Florida document number LI7000082659

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9385 NW 13TH STREET

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9385 NW 13TH STREET

DORAL, FL 33172

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:

New Registered Office Address:

Enter Florida street 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

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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>
AMBR	CRUZ, PABLO EULOGIO	8249 NW 36TH STREET, STE 212	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRULLON, PABLO	8249 NW 36TH STREET	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

REC'D
FBI
DEC-3
AM 8:55
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

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 NOVEMBER 30TH

2013

Signature of a member or authorized representative of a member

DILENA DEAZ

• Types of physical distance:

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