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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: NA	It Inventor Name of Limi	ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAN	Name of Person	
	NHI IN	ruestment and	vp LCC
	4160 U	20st 16 Ave Address	#210
	Hal	Peah fC 33 City/State and Zip Code Savilles @ Yal o be used for future annual report not	012
	Santosi E-mail address	Services Q Ya	hoo. Can
For further information of	concerning this matter, please ca		
YAWERSY Name o	Santus of Person	at (<u>30 T</u>) <u>896 -</u> Area Code <u>Daytim</u>	YSS/ ne Telephone Number
Enclosed is a check for t	he following amount:		
\$\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of I	rporations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMI Involve	
(<u>Name of the Limited Labilit</u> (A Florida	ty Company as if now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>レルフのの</u> のをみ	Company were filed on and assigned 993
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation #L.C"
Enter new principal offices address, if applicable:	11
(Principal office address MUST BE A STREET ADDR	(ESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00