# L1700011486T

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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# **COVER LETTER**

TO:	Registration Se Division of Cor			,
CUDIE	DMB Prope			
SUBJE	:СТ:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kramer A. Litvak		
			Name of Person	<del></del>
		Litvak Beasley Wilson & I	Ball, LLP	
		<del></del>	Firm/Company	<del></del>
		226 E. Government Street		
			Address	
		Pensacola, FL 32502		
			City/State and Zip Code	
		davidmbear@aol.com		<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For fur	her information co	oncerning this matter, please ca	all:	
Krame	r A. Litvak		850 432-9818 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	i.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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMB Property, LLC	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records,  da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on May 23, 2017 and assigned
Florida document number L17000114867	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
DMB Property II, LLC	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
	P CO
	₩ Z Z
Enter new mailing address, if applicable:	
• • •	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	95 7
	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	uress nere:
Name of New Registered Agent:	
New Registered Office Address:	
130 Hogistett Office Hadress.	Enter Florida street address
	Florido
<del></del>	, 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		41	Add
			☐ Remove
			Change
		***************************************	Add
			Remove
			Change
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Effective date, if other	r than the date of filing:		(	optional)		05.000
t an effective date is listed, <b>Note:</b> If the date inserte	the date must be specific and cad in this block does not me	annot be prior to date of et the applicable statu	filing or more than 90 days	s after filing.) Pur s, this date will	not be li	os.ozo. sted as
document's effective dat	te on the Department of Sta	te's records.				
	a delayed effective da r the record is filed.	te, but not an eff	ective time, at 12:	01 a.m. on t	the ear	lier o
Dated May 31,		2017				
Dated		·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00