

L17000 207190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signature

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CLERK OF STATE
20 SEP -1 AM 11:03
OFFICE OF THE CLERK OF STATE

OCT 14 2020
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMT AUTO ENTERPRISES LLC

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:

DAVID MERRITT

Name of Person

DMT AUTO ENTERPRISES LLC

Firm/Company

4824 Andrea Lane

Address

Milton, Florida 32571

City/State and Zip Code

dmtserviceenterprises@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Merritt

850 736-2182

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 SEP - 1 PM 11:00

RECEIVED
DIVISION OF CORPORATIONS
SEP 11 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 SEP - 11:40

August 15, 2020

DAVID MERRITT
DMT AUTO ENTERPRISES LLC
4824 ANDREA LANE
MILTON, FL 32571

SUBJECT: DMT AUTO ENTERPRISES LLC
Ref. Number: L17000207190

We have received your document for DMT AUTO ENTERPRISES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 220A00015512

7004 0750 0001 7237 6135
8-25-7020 0090 0000 7128 0130

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DMT AUTO ENTERPRISES 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 10/06/2017 and assigned
Florida document number L17000207190

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DMT SERVICE ENTERPRISES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4824 Andrea Lane

Milton, Florida 32571

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4824 Andrea Lane

Milton, Florida 32571

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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7020 0090 0000 7128 0130

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

Article V

THIS LIMITED LIABILITY COMPANY has been formed for any and all legal activities and purposes.

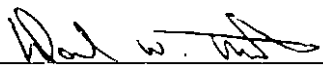
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 JUNE 15 2020



Signature of a member or authorized representative of a member

DAVID MERRITT

Typed or printed name of signee

Filing Fee: \$25.00