

L18000007399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

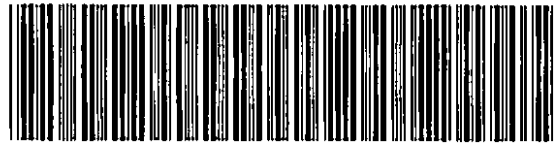
(Business Entity Name)

(Document Number)

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NO. 125-01005-64 10-2-00

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OCT 02 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DSMG PROPERTIES, 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:

Shareen M. Greenbaum

\_\_\_\_\_  
Name of Person

DSMG Properties, LLC

\_\_\_\_\_  
Firm/Company

9999 Sheridan Street, Suite 100

\_\_\_\_\_  
Address

Cooper City, FL 33024

\_\_\_\_\_  
City/State and Zip Code

dmg187@gmail.com

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

For further information concerning this matter, please call:

David Greenbaum

954

447-0606

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

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

DSMG PROPERTIES, LLC

279A-17 AM:41

(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 01/09/2018 and assigned  
Florida document number L18000007399.

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)**

9999 Sheridan Street

Suite 100

Cooper City, FL 33024

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9999 Sheridan Street

Suite 100

Cooper City, FL 33024

**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:

Shareen M. Greenbaum

New Registered Office Address:

9999 Sheridan Street, Suite 100

*Enter Florida street address*

Cooper City

*City*

Florida 33024

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Scenario	Initial State	Final State	Operation
Scenario 1	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 2	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 3	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 4	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 5	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 6	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change

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(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)

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.

82

Shareen M. Greenbaum

Typed or printed name of signee