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## **COVER LETTER**

TO: Registration Section Division of Corporations	1 .
SUBJECT: DNM Holdings UC 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:	
Nicole Daution Name of Person	_
DNM Holdsmas LLC Firm/Company	_
2336 Messenger Cr.	
Safety Harbor, Fl. 34695 City/State and Zip Code	-
dautonluxun realectate Ogmail. con E-mail address: (to be used for future annual report notification)	, , , , , , , , , , , , , , , , , , ,
For further information concerning this matter, please call:	
Ni cole Dautor  Name of Person  at (727) 1642-5799  Area Code Daytime Telephone Number	oer
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ed Copy nal 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

DNM	Holdings LLC	18 ( SEC)
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as Prow appears on our records.) la Limited Liability Company)	では、
The Articles of Organization for this Limited Liability (Florida document number <u>LIBOOO)0445</u>		and assigned Signature Sig
This amendment is submitted to amend the following:		i 24 ORIO
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	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)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	22222	
B. If amending the registered agent and/or regi		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del> .	, 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

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>	Type of Action
AMBR	Summer Doutton	2336 Messenger Cr.	D Add
		2336 Messenger Cr. Safety Harbor Fi. 34	Remove
			Change
			Add
			Remove
			Change
		<u> </u>	
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			Remove
			Change

,,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff <u>Vote:</u>	ive date, if other than the date of filing:
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
at <del>e</del> d	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00