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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations DMN ASSOCIATES LLC SUBJECT: _ 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: DAN E. NORRIS Name of Person DMN ASSOCIATES LLC Firm/Company 5104 SAINT THOMAS PLACE Address ORLANDO, FLORID 32808 City/State and Zip Code dannorris42@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dan E. Norris Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020

DMN ASSOCIATES LLC		Z4 77 10: 10	}
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)	
ne Articles of Organization for this Limited Liability Corida document number 1.18000063820	Company were filed on03/1	2/2018	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the lim	ited liability company here	:	
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	 		
Principal office address MUST BE A STREET ADDI	RESS)		
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BOX)			
		<u>.</u>	
. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our reco	ords, <u>enter the na</u>	me of the new regi
ent and/or the new registered office address here:			
Name of New Registered Agent:			
rame of New Negistered Agent.			
New Registered Office Address:	Fater Florida	street address	
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	City	, Florida _	Zip Code
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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 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	DAN E. NORRIS	5104 SAINT THOMAS PLACE	□Add
4		ORLANDO, FLORIDA 32808	□Remove
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