## L18 0000 70369

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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April 22, 2019

YVETTE MICHELLE LACRETTE LEGAL ZOOM 601 NE 36TH STREET UNIT 707 MIAMI, FL 33137

SUBJECT: MICHELLE D.M. MANAGEMENT, LLC

Ref. Number: L18000070369

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

ARE YOU ADDING OR REMOVING THE AUTHORIZED PERSON DETAIL INFORMATION ON PAGE 2 OF 2?

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.

Susan Tallent Regulatory Specialist II

Letter Number: 719A00008013

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Name of Limite	xd Liability Co	ompany		. C.
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I fee(s) are subm	itted for filin	g.		
ing this matter to	the followin	ığ:		
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ns		Registration : Division of C Clifton Build 2661 Executi	Section Torporations ling Ive Center Circle	
	ing this matter to  Secological Secologica	I fee(s) are submitted for filing this matter to the following this matter of the second of the s	I fee(s) are submitted for filing.  ing this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  City/State and Zip Code  Lance Status  at (917)  Area Code  Certified Copy  (additional copy is enclosed)  STREET/Co	Address  City/State and Zip Code  City/State a

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Liability Company as it is A Flonda Limited Liability	now appears on our records.) Company)	LC
The Articles of Organization for this Limited Lia Florida document number 52596		led on 3/19/20 6180007036	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	oany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>		PH 5: 28
B. If amending the registered agent and/o registered agent and/or the new registered off		Idress on our records, e	enter the name of the new
Name of New Registered Agent:	Aprilian	Machan M	LAM Management
New Registered Office Address:	boj ME	2014 SHEET Enter Florida street address	Unit 707
	mieni	, Floric	1a 33\37 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.

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	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated <u></u>	Signature of a member or authorized representative of a member
	Jiette La Viette Typed or printed name of signee

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