118000092180

(F	Requestor's Name)					
<u> </u>	Address)					
(F	Address)					
(C	City/State/Zip/Phone #)					
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tified Copies Certificates of Status pecial Instructions to Filing Officer:					
- (E	Susiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
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COVER LETTER

TO: Registration Se Division of Cor			
	ISULTING GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIEL R CHIRINOS		
		Name of Person	
		Firm/Company	
	3101 JODHPURS LANE	E, APT 2607	
	-	Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	DMKCONSULTINGGRO	UP@GMAIL.COM to be used for future annual report notifi	cation
For further information c	concerning this matter, please concerning this matter.		Callon
DANIEL R CHIRINOS		352 255-7671	
Name o	of Person .	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMK CONSULTING GROUP 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 04/11/2018 and assigned Florida document number L18000092180 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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>	Address	Type of Action
MGR	DANIEL R CHIRINOS	3101 JODHPURS LANE	
		APT 2607	□ Remove
		ORLANDO, FL 32837	Change
MGR	MAYERLIN K SALAZAR	3101 JODHPURS	
		APT 2607	Remove
		ORLANDO, FL 32837	■ Change
			Add
			☐ Remove
			☐ Change
		 	
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seament 3 effective date on the Depa	tunem or	State 3 reco	rua,							
record specifies a delayed e	ffective	date, but	not an	effectiv	e time	, at 12:	01 a.m	. on th	e ear	lier d
The 90th day after the record										
AUGUST 8TH		2018		_						
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	All	member or a		7						

Page 3 of 3

Filing Fee: \$25.00