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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	Dempras Sen	vices LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Jashua	. Neighoff		
		Name of Person		
	Dempr	COSSERVICES LL	<u>-C</u>	
	20627 (areat Laurel i	AVC :	18 % 70
		Address	金が	ੜ
	Tampa IFL	City/State and Zip Code	77.1	70 AK
	admin			
	E-mail address: (60 dempro5. Cor to be used for future annual report notific	ation) SE	ee € 45
For further information of	concerning this matter, please ca		\$	~
MATERIAL DANSE SANS	Joshua Neigh	178 at (443) 525 - Area Code Daytime	-6482	
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	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 enclose	
	JING ADDRESS: ration Section	STREET/COURIE Registration Section		
Divisi	on of Corporations	Division of Corporat		
	30x 6327 assec, FL 32314	Clifton Building 2661 Executive Cent	ter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dempros Sei				
(<u>Name of the Limited Liabli</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C		17/18	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
Dempro Bervices	S LLC	- 3 3	<u></u>	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the a	btireviation "L.I	L.C." •
Enter new principal offices address, if applicable:			<u> </u>	·
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>			- 1-4-4
			To S	
Enter new mailing address, if applicable:			SiALL SiALL	**************************************
(Mailing address MAY BE A POST OFFICE BOX)		L	•	C." a
B. If amending the registered agent and/or reginered agent and/or the new registered office add		r records, <u>enter</u>	the name	of the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		·
	City	, Florida	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

				
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		<u> 5</u>	<u>~~</u>	
Tective	date, if other than the date of filing: $\frac{8/17/18}{1000}$ (optional))		
an effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuan will not	it to 605 be liste	.020 cd a:
	s's effective date on the Department of State's records.			
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m.	an tha	o a eti i	o- 0
	o specifies a delayed effective date, but flot all effective time, at 12.01 a.m.	on the	carne	<u>-</u> 1
	Oth day after the record is filed.			
The 90	Oth day after the record is filed.			
The 90				
The 90	Oth day after the record is filed.			

Page 3 of 3

Filing Fee: \$25.00