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(Address)	-
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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TO:	Registration Second			
енвн		erties & Investments LLC		
SUBJECT:Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Matthew Rende		
			Name of Person	
		1221 NW Dakota Glen	Firm/Company	<u> </u>
		Lake City, FL 32055	Address	
		dmvpropertieslle@gmail.co	City/State and Zip Code	
For fur	ther information c	E-mail address: o concerning this matter, please c	to be used for future annual report n all:	otification
Matthe	w Rende		386 288-4253 at ()	
	Name c	f Petson	Area Code Dayt	ime l'elephone Number
Enclos	ed is a check for t	he following amount:		
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy indditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisie P.O. B	ING ADDRESS: ration Section in of Corporations ox 6327 issee, FL 32314	STREET/COU Registration Sec Division of Corp Cliffon Building 2661 Executive (Tallahassee, FL	conter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMV Properties & Investments LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	
18	
The Articles of Organization for this Limited Liability Company were filed on 9/2/2018	and assigned
Florida document number 1.18000222131	
and the state of t	

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 "LLU" or the abbreviation "LLUC,"

Enter new principal offices address, if applicable:	<u>بر المحمد المحمد المحمد المحمد ا</u>
(Principal office address MUST BE A STREET ADDRESS)	
	E H H
Enter new mailing address, if applicable:	<u> </u>
(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:	Matthew Rende	
New Registered Office Address:	Enter Florida street d	address
		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.

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	Dharmend Singh	1888 E Duval St, Lake City, FL	🖬 Add
			Remove
			🗋 Change
			🗆 Add
			Remove
			Change Change
			Cernive
		< 6 3	_D Add
			_ Remove
			_□ Change
··			_D Add
			_ Remove
			Change
			_D 799
			_ Remove
			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	$\frac{12}{18}$
-	Signature of a member or authorized representative of a member
-	Matter Dende Typed or printed name of signer

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Filing Fee: \$25.00