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COVER LETTER

TO:	Registration Se Division of Cor			
	DHMARB.	LLC	•	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Dan Merrill		
		DHMARB, LLC	Name of Person	
		4860 Pine Tree Dr.	Firm/Company	
		Boynton Beach, FL 33436	Address	
		merrilldh@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	ther information c	oncerning this matter, please ca	all:	
Dan N			561 866-2616 at()_	e Telephone Number
	Name o	f Person	Area Code Daytim	e Telephone Number
Enctos	ed is a check for th	ne following amount:		
□ \$2	5.00 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

DHMARB, 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 <u>january-4</u>, 2019 and assigned Florida document number $\frac{1.19000007353}{}$ 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 "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dan Merrill	4860 Pine Tree Dr.	
		Boynton Beach, FL 33436	
			□ Remove
			□ Change
MGR	Midfand Trust as Custodian FBO Dan Merrill	1520 Royal Palm Square Suite 320	
		Fort Myers, Fl. 33919	Add
			■ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			Change

D. If amending ar	y other information, enter change(s) here: (Attach additional sheets, if necessary,)
-	
	
	<u> </u>
-	
Note: If the date	if other than the date of filing:
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: y after the record is filed.
January I Dated	5 2019
	Muul Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Merrill

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00