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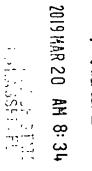
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number)	·
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN

COVER LETTER

TO:	Registration Se Division of Cor			
	Direct Man	agement, LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	retum all correspo	ndence concerning this matter	to the following:	
		Marisol Ortega		
			Name of Person	· -
		Direct Management, LLC		
			Firm/Company	
		10310 Lakeshore Drive		
			Address	
		Clermont, FL 34711		
		yourdirectmanagement@gn	City/State and Zip Code nail.com	
		E-mail address: (t	to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please co	all:	
Maris	ol Ortega		352 978-5459	
	Name o	f Person	at () Area Code Daytime	l'elephone Number
Enclo:	sed is a check for th	ne following amount:		
≘ \$2	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

FILED

2019 MAR 20 AM 8: 34

Direct Management, LLC		The second state
(<u>Nume of the Limited I</u> (A	Liability Company as it now appears on our records.); Florida Limited Liability Company)	ALLAHASSEL FL
The Articles of Organization for this Limited Liabi Torida document number 1.19000044(0)5	ility Company were filed on	
his amendment is submitted to amend the following	ing:	
. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
inter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
	-	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
 If amending the registered agent and/or egistered agent and/or the new registered office 		enter the name of the r
Name of New Registered Agent:		
Name Burginson d OCC - Address		
New Registered Office Address:	Enter Florida street address	
	271 .	.
-	, Flori	da 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Roberto J Ortega		
			Add
		10310 Lakeshore Drive Clermont, FI 34711	≅ Remove
			Change
	 		Add
			Remove
			□ Change
		 	☐ Remove
			C Change
		-	Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove

_____ Change

		
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	be specific and cannot be prior to date of filing or more than 90 days after fock does not meet the applicable statutory filing requirements, this	iling.) Pursuant to 605,020
ne record specifies a delayed The 90th day after the rec	effective date, but not an effective time, at 12:01 a. ord is filed.	m. on the earlier o
March 11,	2019	
Dated		
 .		
	Signature of a member or authorized representative of a member	
Marisol Ortega		

Page 3 of 3

Filing Fee: \$25.00