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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

TO:	Registration Sect Division of Corpo		\ \	
SUBJE	CT:	DMKS Hold Name of Lin	ing5 LLC nited Liability Company	
		mendment and fee(s) are sub	-	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		Shar	R. Sleeper	
			Holdings LL Firm/Company	. <u>C</u>
		3364	County Rd Address	220
			City/State and Zip Code	
		Sharisleep	er © Rellsouth in 19	গ্ৰ
		E-mail address: (to be used for future annual report	t notification)
For furt	her information con	ncerning this matter, please c	all:	
	Sharik	Sleeper	at (904) 34:	3 <i>-3060</i>
	Name of I	Person	Area Code Da	sytime Telephone Number
Enclose	d is a check for 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 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

TO ARTICLES OF ORGANIZATION OF

DMKS Holdings	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 w	ere filed on 5/17/19 and assigned			
Florida document number <u>4 19 00 0 127029</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company: the designation The or the appreviation The.			
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>			
Enter new mailing address, if applicable:	3364 County Rd 2200			
(Mailing address MAY BE A POST OFFICE BOX)	Middleburg FEE N			
	32 Ø68			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the m			
Name of New Registered Agent:				
	[] C - 1 27 []			
New Registered Office Address: 536	Enter Florida street address			
11.141	eburg Florida 32068 Zip Code			
	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 th			
provisions of all statutes relative to the proper and complete pe				
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	· · · · · · · · · · · · · · · · · · ·			
company has been notified in writing of this change.	and the same of th			

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an cil <u>Note:</u>	ive date, if other than the date of filing:	i <mark>onal</mark>) r filing.) P		
	cord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. or	the e	earlier of:
Dated	Sept 4 2019 Signature of a member or authorized representative of a member			_
	Shar, R. Sleeper Typed of printed name of signee			_

Page 3 of 3

Filing Fee: \$25.00