

L19000197183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

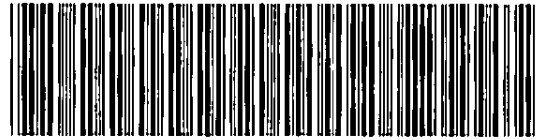
(Document Number)

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J. HORNE  
MAR 20 2023

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2023 JAN 13 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FL  
J. HORNE  
MAR 20 2023

Registration Section  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Daniel McNaughton  
DANIEL MCNAUGHTON LLC  
1474 Canal Cross Ct  
Oviedo, FL 32766

Cover Letter: Articles of Amendment

Please send the updated paperwork to the following mailing address for this transaction:

Daniel McNaughton  
1474 Canal Cross Ct  
Oviedo, FL 32766

Thanks,

Daniel McNaughton

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DANIEL MCNAUGHTON LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel McNaughton

Name of Person

DANIEL MCNAUGHTON LLC

Firm/Company

1809 E Broadway St, #185

Address

Oviedo, FL 32766

City/State and Zip Code

danieljmcnaughton@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel McNaughton

Name of Person

at ( 239 ) 6286022

Area Code

Daytime Telephone Number

Enclosed 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RECEIVED  
JUN 13 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DANIEL MCNAUGHTON 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 08/01/2019 and assigned  
Florida document number L19000197183.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DM Dev Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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*  
\_\_\_\_\_, **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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

Title	Name

Address	Type of Action
	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change
	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change
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	<input type="checkbox"/> Change
	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change

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

*(This area is crossed out with a large X, indicating no amendments were entered.)*

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 January 8th, 2023 .



Signature of a member or authorized representative of a member

Daniel McNaughton

Typed or printed name of signee