L19000268245

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JUN 1 8 2020

COVER LETTER

	GRATIONS, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Julio Gil De Lamadrid, JR			
		Name of Person		
	DM INTEGRATIONS, LI	.C		
		Firm/Company		
	Mailing Address: 2420 Roat Drive			
		Address		
	Orlando, Fl 32835			
	boise promier	City/State and Zip Code City/State and Zip Code A Company Co	ication)	
For further information o	oncerning this matter, please c	all·		
Julio Gil De Lamadrid,	•	407 694-5342		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne 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)	

Registration Section

Division of Corporations

TO:

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

DM INTEGRATIONS, LLC	2020 JULI - 1 PI 7:0	· -
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	'0
he Articles of Organization for this Limited Liability Compa lorida document number 1.19000268245	any were filed on 10/25/2019	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:	Like Vision District Consist Con-	
Principal office address MUST BE A STREET ADDRESS	John Young Parkway Corner of En Kissimmee, Fl 34744	imette Street,
Inter new mailing address, if applicable:	2420 Roat Drive	
Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl 32835	
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, enter the	name of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	a Zip Code

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

<u>Title</u>	<u>Name</u>	Address 2020 July	Type of Action
	Julio E. Gil de Lamadrid, Jr	Address 2020 JUI - J FI 32835 05	□ Add
			Remove
			≣ Change
			□ Add
			□ Remove
			□Change
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			□ Change
			□Add
			□ Change

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f an effective date is listed, the date m	the date of filing:
e record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 28th Dated	2020
My ell &	Signature of a member or authorized representative of a member