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COVER LETTER

SUBJECT:	DMH Opti	mals LLC		
			ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Dean Hanson		
		Name of Person		
		DMH Optimals LLC		
			ce(s) are submitted for filing. g this matter to the following: On Name of Person Malls LLC Firm/Company Ind circle Address 32955 City/State and Zip Code Degmail.com Mail address: (to be used for future annual report notification) ter, please call: at (215 Area Code Advises 1 \$510-4931 Daytime Telephone Number Int: g Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee. Certificate of Status & Certificat	
		972 tamarind circle		
			Address	N
		rockledge FL 32955		
			City/State and Zip Code	ı
			to be used for future annual report no	utilication)
For further in	nformation co		•	eurony
Dean Hans	son		at (215) 510-493	1
Name of Person			me Telephone Number	
Enclosed is a	check for the	e following amount:		
Ø \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section

TO:

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

DMH Optimals LLC							
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our recor Liability Company)	<u>'ds.</u>)					
The Articles of Organization for this Limited Liability Company were filed on 02/05/2020 Florida document number L20000035032							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	oility company here:						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	972 Tamarind Circle	2 <u></u>					
(Principal office address MUST BE A STREET ADDRESS)							
	Rockledge, FL 32955	10					
Enter new mailing address, if applicable:	972 Tamarind Circle						
(Mailing address MAY BE A POST OFFICE BOX)							
(Muning dualess MAT BE A TOST OFFICE BOX)	Rockledge, FL 32955						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ls, enter the name of the ne					
New Registered Office Address:							
	Enter Florida street address						
		lorida					
New Registered Agent's Signature, if changing Registered Agent:	, F	lorida Zip Code					

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	Type of Action
MGR	Dean Hanson	972 Tamarind Circle	☑ Add
		Rockledge, FL 32955	Remove
			Change
			□ GhangeT, □ Add
			Remove
			☐ Change
			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Add
			Remove
			□ Add
			□ Remove
			□ Change

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effective date is listed, the date must be specific and cannot be prior to date	te of filing or more than 90	(optional) days after filing.) Pu	rsuant to 605.
If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	statutory filing requirem	ents, this date wil	l not be liste
,			
ecord specifies a delayed effective date, but not an	effective time, at 1	.2:01 a.m. on	the earlie
e 90th day after the record is filed.			
February 19th 2020			
A H			

Page 3 of 3

Filing Fee: \$25.00