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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DEM	Dann Deth	es, LLC	
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Iesho	Name of Person	
	Dem D	CIMP DYKES	ILLC
	1808 E	Bunche St	
	melbourr	10 FL 3293	5
	Il Shall W E-mail address: (. City/State and Zip Code S 22 0 0 0 . C to be used for future annual report not	Offication)
For further information ed	neeming this matter, please c	all:	
Trish A Len	ŗs	at (254) 702 -3	5426
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dem Homis Dylhas LLC	2020 (26 Fii 4: 16	
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on cability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number 220014171.	were filed on MA	49282020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ntion "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 a agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my oprovided for in Chap	hities, and I am familiar with and ter 605, F.S. Or, if this document is	

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	Type of Action
MOR	Kiantai Bonn	2206 Henryst Apt A Palm Bay FL 32905	>
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
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(If an eff Note:	ive date, if other than the date of filing:
ie recor ord is fi	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer