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SECRETARY OF STATE
TALLAHASSEE.FL

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COVER LETTER

TO: Registration Se Division of Cor					
	VICES LLC	٠			
SUBJECT:	Name of Lim	Name of Limited 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:			
	FRANCISCO J SANCHE	Z			
		Name of Person	,		
	DMD SERVICES LLC				
		Firm/Company	<u> </u>		
	6828 FIREBIRD DR				
		Address			
	ORLANDO, FL 32810			2022 SEC	
		City/State and Zip Code		ACE ACE	Ç>-
	adm.anainfante@gmail.con	to be used for future annual report notific	ration	1 2 AA	Ę 1
For further information c	oncerning this matter, please c		accounty.	2022 OCT 27 AMII: SECRETARY OF STALLAHASSEE.F	Series Se
				ST.	. F.
FRANCISCO J SANCHEZ Name of Person		at ()	Telephone Number	<u> </u>	
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Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified			of Status &	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sect	ion		
Division of C	Corporations	Division of Corp	orations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

DMD SERVICES LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 08/10/2021	and assigned
Florida document number L21000360211		
This amendment is submitted to amend the followin	តិ:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.IC."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
		2072 SEE
		2072 OC1 SECRE
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX		
		元 <u>元</u> 55
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ame of the new Pegistered
agent and/or the new registered office address ne	<u>rc</u> .	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MACURE MATHEUS DAYMAR	6828 FIREBIRD DR	
		ORLANDO, FL 32810	■Remove
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Effective date, if other Fan effective date is listed, the	ne date must be specific ar I in this block does not	nd cannot be prior to meet the applicab	date of filing or more le statutory filing re	(option than 90 days after f equirements, this	iling A Pursu	iant to 605 ot be list	5.0207 ed as
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