

10/14/22, 8:46 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000352999 3)))



H220003529993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.
Account Number : 120040000113
Phone : (305)358-6363
Fax Number : (305)358-1221

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cramos@melandbudwick.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DMBL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 01 14 11:59:09

14-00000

2022 OCT 14 PM 2:32

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 17 2022
K. Brumby

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMBL, 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 March 14, 2022 and assigned
Florida document number L22000105195.

This amendment is submitted to amend the following:

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

c/o Meland Budwick, P.A.

200 S. BISCAYNE BLVD., SUITE 3200

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

c/o Meland Budwick, P.A.

200 S. BISCAYNE BLVD., SUITE 3200

MIAMI, FL 33131

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: MELAND BUDWICK, P.A.

New Registered Office Address: 200 S. BISCAYNE BLVD., SUITE 3200

Enter Florida street address

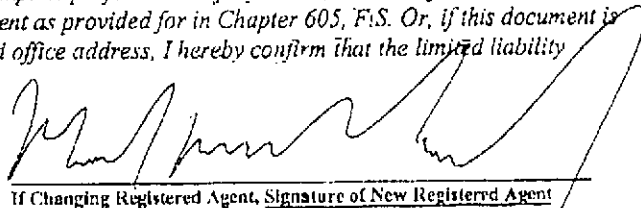
MIAMI, Florida 33131

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

APPROVED
AND
FILED

2022 OCT 14 PM 2:32

DocuSign Envelope ID: 9AC65615-2208-4FD6-AA32-E9AA72C61147

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

DocuSign Envelope ID: 9AC65615-2208-4FD6-AA32-E9AA72C61147

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

F. Effective date, if other than the date of filing: _____ (optional)

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) this date will not be listed as the filing requirement date.

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 OCTOBER 10, 2022

- DocuSigned by:

Jeff Bergen

85F031E01416445

Signature of a member or authorized representative of a member

JEFF BERGER

Typed or printed name of signee

Filing Fee: \$25.00