## L22 CCC 105 195

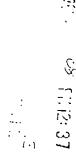
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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## **COVER LETTER**

TO:	Registration S Division of C						
SURI	JECT: DMBL, L	.LC.					
5010		ne of Florida Limited Par	tnership or Limited	Liability	Limited Partr	nership	
The e	nclosed Certific	cate of Amendment ar	nd fee(s) are subr	nitted f	for filing.		
Please	e return all corre	espondence concernir	ng this matter to:				
Patti C	Gommer						
	-	Contact Person					
C&L '	Value Advisors						
		Firm/Company		_			
4805 V	West Laurel St. Su	ite 100					
		Address		_			
Tampa	a, FL 33607						رم بخ.
	C	ity, State and Zip Code		_			
pgom	mer@clvalue.com					•	= : F\3
F	E-mail address: (to	be used for future annual	report notification)	_		, ,	: 37
For fu	urther informati	on concerning this ma	atter, please call:				
Patti C	Gommer		at (	813-2	286-7373 Ext	113	
	Name of Contac	et Person		nd Dayt	ime Telephon	e Number	
Enclo	sed is a check f	or the following amo	unt:				
<b>S</b> \$52	2.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Co		☐\$113.75   Certified Co Certificate o	opy, and	
Regis Divis P.O.	ing Address: stration Section lion of Corporat Box 6327 hassee, FL 323		Regist Divisi The C 2415 i	on of C entre o N. Mon	ss: Section Corporations f Tallahasse troe Street, S FL 32303	ee	J

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMBL, LLC.			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)	
The Articles of Organization for this Limited I		March 14, 2022	and assigned
lorida document number L22000105195			
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability compan	y here:	
OMBL Properties, LLC.			
he new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		.;
Principal office address MUST BE A STRE.	<del>-</del>		
The second secon	<u> </u>	· · · · · · · · · · · · · · · · · · ·	S
Inter new mailing address, if applicable:		•	F3 .
Mailing address MAY BE A POST OFFICE	- ROY		ယု
naming dataress MAT DE A POST OF FICE			
3. If amending the registered agent and/or gent and/or the new registered office addr	•-	ir records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:			<u></u>
New Registered Office Address:	4805 West Laurel St., Suite 10	00	
	Enter	Florida street address	
	Tampa	Florida 3360	7
	City		Zin 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 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
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			□Remove
			□Change
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or nete: If the date inserted in this block does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 605.02
rument's effective date on the Department of State's records.	ig requirements, this date will not be hister
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	on the earlier of: (b) The 90th day after th
male of sold	<b>∞ 0</b>
ed Made 25 Jan	\$6
	<b>7 7 7 7</b>

Typed or printed name of signee

Filing Fee: \$25.00 ALREADY PAID