

L22 000 119905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

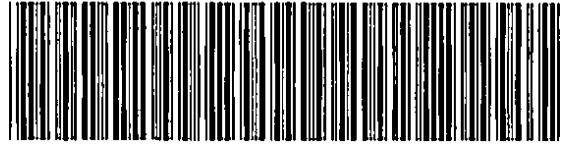
(Business Entity Name)

(Document Number)

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05/17/22--01013--008 \*\*25.00

2022 MAY 17 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: DM SODO INVESTMENT GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUG MILLER

Name of Person

Firm/Company

581 TECHNOLOGY PARK, SUITE 1009

Address

LAKE MARY, FL 32746

City/State and Zip Code

LMARTINEZ@APBUILDERSUSA.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA MARTINEZ

407

674-7045

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

~~SECRETARY OF STATE~~  
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
PRES	DOUGLAS J MILLER	2665 CONE LAKE DRIVE	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	MICHAEL BROWN	549 ARMOYAN WAY	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 MAY 17 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 17 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

(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)

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 MAY 11, 2022

D. J. M. L. Signature

Signature of a member or authorized representative of a member

DOUGLAS J MILLER

Typed or printed name of signee

**Filing Fee: \$25.00**