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Charles (1) Figs DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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A. BUTLER MAY - 3 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA FRANCISCO		
		Name of Person	
	DME SOLUTIONS LLC		
		Firm/Company	
	2100 SE HILLMOOR DR	SUITE 204-A	
		Address	
	PORT ST LUCIE, FL 349	52	
		City/State and Zip Code	
	mefrancisco85@gmail.com		
		to be used for future annual report noti-	fication)
For hirther information c	oncerning this matter, please c	all:	
MARIA FRANCISCO		561 523-3124 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DME SOLUTIONS LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000158935	were filed on and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2100 SE HILLMOOR DR. SUITE 204-A		
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCIE, FL 34952		
Enter new mailing address, if applicable:	2100 SE HILLMOOR DR. SUITE 204-A		
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST LUCIE, FL 34952		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, enter the name of the new registered		
New Registered Office Address:	Enter Florida street address		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
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 company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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
MGR	MARIA E MIGUEL FRANCISCO	2100 SE HILLMOOR DR, SUITE 204-A	
		PORT ST LUCIE, FL 34952	□Remove
			Change
		<u> </u>	_____
			∐Remove
			Change
			CAdd
			□Remove
			Change
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			□Remove
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		<u>.</u>	
			□Remove
			□Change

Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	

_	
If an offec <u>Note:</u> If	e date, if other than the date of filing:
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	April 20 , 2022.
	Signature of a member or authorized representative of a member
	MARIA FRANCISCO

Page 3 of 3