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www.CorpNet.com



February 20, 2023

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

**RE:** DMSPRONSULT.LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$55.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor

CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMSPRONSULT.L.C			
(Name of the Limited Liability Company as it re (A Florida Limited Liability C	កររាប់ការកំ) គោ ១០០៩១៩១ ១៧ ថាក Lecuty? )		
The Articles of Organization for this Limited Liability Company were fil- Florida document number 4.22000187051	ed on and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	ipany here:		
DMSPROCONSHLT LLC	. r-a		
The new name must be ifistinguishable and contain the words "Limited Liability Comp			
Enter new principal offices address, if applicable:	773 174 - 175 54 - 133		
(Principal office address MUST BE A STREET ADDRESS)	-11 13		
	% P		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office aderegistered agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records. <u>enter the name of th</u>		
New Registered Office Address:			
New Registered Office Address.	Enter Floralis street address		
	, Florida		
City			

## 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 Title. Name Address Type of Action \_ Remarke \_🗖 Change □ Remove Change : ່ຕວ່ D<sup>3</sup>Add : Demove-Change 다 사회 ☐ Remove \_\_\_ Change □ Add ☐ Remove \_C Change ᆹᄾᄗ □ Remove

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-	Signature of a member or an	thorized representative of a member	
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Filing Fee: \$25.00