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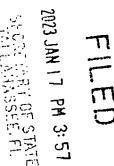
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

DMS Investment Group, LLC SUBJECT: _____ 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: Dawn Simmons Name of Person Firm/Company 3933 Wellington Parkway Address Palm Harbor, Florida 34685 City/State and Zip Code dawnmarie64@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dawn Simmons Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMS Investment Group, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recorde Liability Company)	<u>s)</u>
The Articles of Organization for this Limited Liability Company	were filed on 7/21/2022	and assigned
Florida document number L22(MX)322138		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
Florida Signature Realty, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 JAN SESSEN
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		SSESS TO THE PROPERTY OF THE P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Fla	orida
	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 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>	Name	Address	Type of Action
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			□Remove
	·		☐ Change
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<u>te:</u> lf	e date, if other than the date of filing:	605,020 isted a
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day at l.	fter the
Jai	nuary 9, 2023	
w		
(Charle Derich Derich	
_	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00