## L22000343223

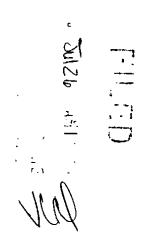
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## **COVER LETTER**

TO: Registration Sc Division of Cor			
LDMV2 G	ROUTHLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEON DAMJANOVIC		
	EDMV2 GROUP, LLC	Name of Person	
	1.17417 2 7 180 0 1 7 137 7		
		Firm/Company	
	6815 BISCAYNE BLVD STE 103 #341		
	MIAMI, FL 33138	Address	
	REALTYBYLEON@GMA	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report not	dication)
For further information of	concerning this matter, please ca	all:	
LEON DAMIANOVIC		305 330-4791 at (971 > 300 9	1362
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Centificate 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 Addre		Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDMV2 GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned 1.22000343223 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEON DAMJANOVIC PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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	<u>Name</u>	Address	Type of Action
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ere .	
li an e <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is I	ord 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 filed.
	122/202
Dated	105/22/2023
	Signature of a member or authorized representative of a member
	Leon Damjanovic  Typed or printed name of signee
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